

Date: [Date]

To: [Tournament Name/Sanctioning Body]

Re: Return to Play Medical Clearance

Athlete Name: [Athlete Full Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that [Athlete Name] has been under my medical care for recovery from [Nature of Injury/Condition, e.g., Concussion, Orthopedic Injury].

I have performed a clinical evaluation and reviewed the athlete's recovery progress. As of [Clearance Date], I find that the athlete is medically fit and cleared to return to full, unrestricted participation in martial arts competition, including full-contact sparring and grappling.

Specific Restrictions:

[None or Specify any limitations]

Please feel free to contact my office if you require any further documentation or information regarding this clearance.

Sincerely,

[Physician Signature]

Physician Name: [Name and Title]

Medical License Number: [License Number]

Clinic/Hospital Name: [Facility Name]

Phone Number: [Phone Number]