

Date: [Date]

To: [Sanctioning Body / Competition Organizer Name]

Re: Medical Clearance for Martial Arts Competition

Athlete Name: [Athlete Full Name]

Date of Birth: [Athlete Date of Birth]

Date of Injury: [Date of Concussion]

To Whom It May Concern,

I have medically evaluated the athlete named above following a documented concussion. As of [Current Date], the athlete is completely asymptomatic at rest and during physical exertion.

The athlete has successfully completed a supervised Graduated Return-to-Play (GRTP) protocol, which included:

- Light aerobic exercise
- Sport-specific drills (non-contact)
- Non-contact technical training/sparring
- Full-contact training and live sparring

Based on my clinical examination and the athlete's successful progression through these stages, I certify that [Athlete Name] is neurologically stable and medically cleared to return to full-contact martial arts competition, including head strikes, effective immediately.

Provider Name: [Physician Name]

Medical License Number: [License Number]

Clinic/Hospital Name: [Facility Name]

Phone Number: [Phone Number]

Signature: _____