

**Date:** [Date]

**To:** Tournament Sanctioning Body / Event Organizers

**Re:** Martial Arts Competition Medical Clearance

**Athlete Name:** [Athlete Full Name]

**Date of Birth:** [DOB]

**Sport/Discipline:** [e.g., Brazilian Jiu-Jitsu, Muay Thai, MMA]

To whom it may concern,

I have performed an orthopedic assessment of the above-named athlete on [Date of Examination]. The evaluation included a review of medical history and a physical examination focusing on the musculoskeletal system, including joint stability, range of motion, and previous injury sites.

Based on my findings, it is my professional opinion that:

**The athlete is medically cleared** to participate in full-contact martial arts competition without restrictions.

**The athlete is cleared with the following restrictions:** [List restrictions if applicable]

**The athlete is NOT cleared** to participate at this time.

This clearance is based on the orthopedic status of the athlete at the time of the examination and does not account for future injuries or conditions that may arise after this date.

Sincerely,

**Physician Name:** [Name]

**Title:** [e.g., Orthopedic Surgeon, Sports Medicine Physician]

**Medical License Number:** [License #]

**Clinic/Facility Name:** [Clinic Name]

**Contact Number:** [Phone Number]

**Signature:** \_\_\_\_\_