

MEDICAL CLEARANCE FOR AMATEUR MARTIAL ARTS COMPETITION

Date: [Insert Date]

Patient Name: [Insert Full Name]

Date of Birth: [Insert Date of Birth]

Competition Date: [Insert Date of Event]

To the Tournament Organizers and Medical Commission,

I have performed a physical examination on the above-named individual to determine their fitness to participate in an amateur martial arts competition (including full contact striking and/or grappling).

Based on my clinical assessment, the patient's medical history, and physical findings:

- The patient is in good general health.
- The patient shows no signs of active infection or skin lesions (e.g., MRSA, ringworm).
- The patient has no neurological or cardiovascular contraindications for high-intensity contact sports.
- The patient has not suffered a concussion or head injury within the last 90 days.

Physician's Recommendation:

The patient is **CLEARED** to participate in amateur martial arts competition without restrictions.

The patient is **NOT CLEARED** to participate at this time.

Physician Information:

Name: [Insert Physician Name]

Medical License Number: [Insert License #]

Clinic Name: [Insert Clinic/Hospital Name]

Phone Number: [Insert Phone Number]

Signature: _____

(Office Stamp Required Here)