

**Date:** [Date]

**To:** Tournament Organizers / [Name of Martial Arts Organization]

**Subject:** Cardiovascular Medical Clearance for Martial Arts Competition

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Date of Birth]

Dear Tournament Committee,

This letter is to certify that I have conducted a cardiovascular screening and physical evaluation for the above-named individual to determine their fitness for participation in a high-intensity martial arts competition.

The evaluation included:

- Review of medical and family history
- Physical examination (including blood pressure and heart auscultation)
- [Optional: e.g., Resting EKG / Stress Test / Echocardiogram]

Based on the results of this screening, I find no clinical evidence of cardiovascular contraindications to strenuous physical activity. I hereby clear the patient to participate in full-contact martial arts competition without restrictions.

**Provider Name:** [Doctor's Name/Print]

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

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

**Phone Number:** [Phone Number]

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**Physician Signature**