

**Date:** [Insert Date]

**To:** Tournament Organizers / Sanctioning Body

**Re:** Conditional Medical Clearance for Martial Arts Competition

**Athlete Name:** [Insert Athlete Name]

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

To Whom It May Concern,

I have performed a physical examination on the above-named athlete to determine their fitness for participation in the upcoming martial arts competition: **[Insert Competition Name]**.

The athlete is cleared to compete **ONLY** if the following conditions or restrictions are met:

- **Specific Condition/Requirement:** [e.g., Must wear a protective knee brace]
- **Limitation:** [e.g., No participation in more than two matches per day]
- **Medical Requirement:** [e.g., Must provide updated blood pressure reading on day of event]

If these conditions are not satisfied or if the athlete experiences [Insert Specific Symptoms] prior to the event, this clearance is considered void.

This clearance is valid until [Insert Expiration Date].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[License Number]

[Clinic Name/Address]

[Phone Number]