

Date: [Insert Date]

To: Tournament Organizing Committee

Event Name: [Insert Tournament Name]

Event Date: [Insert Event Date]

RE: Medical Clearance for [Patient Full Name]

To Whom It May Concern,

I have examined **[Patient Full Name]**, Date of Birth: **[DOB]**, on **[Examination Date]** to determine their physical fitness for participation in a martial arts tournament.

Based on the clinical examination and a review of the patient's medical history, I find the patient to be in good health and free from any infectious diseases or physical conditions that would preclude them from participating in full-contact martial arts competition.

Physician's Findings:

- Blood Pressure: [Insert BP]
- Heart Rate: [Insert HR]
- Neurological Status: Normal
- Orthopedic Status: No acute injuries or limitations

I certify that the above-named individual is medically cleared to participate in the aforementioned event without restrictions.

Sincerely,

Physician Signature: _____

Physician Name: [Insert Name]

Medical License #: [Insert License Number]

Clinic/Hospital Name: [Insert Clinic Name]

Phone Number: [Insert Phone Number]

[Office Stamp Here]