

Date: [Insert Date]

RE: Medical Clearance for Combat Sports Participation

Athlete Information:

Name: [Athlete Full Name]

Date of Birth: [MM/DD/YYYY]

Sport: [e.g., MMA, Boxing, Muay Thai]

To the Sanctioning Commission/Organizers,

I have performed a comprehensive pre-bout physical examination on the athlete named above. This evaluation included a review of their medical history, cardiovascular health, neurological function, and musculoskeletal integrity.

Based on my clinical findings, I certify that:

- The athlete is in good physical health and free from any contagious diseases.
- There are no signs of acute neurological deficit or recent concussive symptoms.
- The athlete is physically fit to compete in the upcoming scheduled bout.

Medical Clearance Status: [CLEARED / NOT CLEARED] to participate in full-contact combat sports.

Physician's Remarks: [Insert notes or N/A]

Sincerely,

Signature: _____

Physician Name: [Insert Print Name]

Medical License #: [Insert Number]

Clinic Name: [Insert Name]

Contact Phone: [Insert Phone Number]