

**Date:** [Date]

**To:** [Sanctioning Body/Organization Name]

**Attn:** Medical Commission / Matchmaker

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

**Athlete Information:**

Name: [Athlete Full Name]

Date of Birth: [MM/DD/YYYY]

This letter serves to confirm that the above-named athlete has undergone laboratory testing for bloodborne pathogens as required for participation in martial arts competition. Based on the laboratory results dated [Date of Test Results], the athlete has tested non-reactive/negative for the following:

- Hepatitis B Surface Antigen (HBsAg)
- Hepatitis C Antibody (HCVAb)
- HIV 1/2 Antibody/Antigen

As of the date of this letter, the athlete is medically cleared to participate in full-contact martial arts activities and competition with regard to bloodborne pathogen status.

These results are valid until [Expiration Date, typically 6-12 months from test date].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]