Date: [Date of Examination]

RE: Medical Clearance for Summer Camp

Patient Name: [Patient First and Last Name]
Date of Birth: [Month/Day/Year]

To Whom It May Concern,

I have performed a physical examination on the above-named patient on [Date of Exam]. Based on the clinical findings, the patient is in good physical health and is cleared to participate in all summer camp activities without restrictions.

Vital Signs:
Height: [Inches/CM]
Weight: [Lbs/KG]
Blood Pressure: [Result]

Immunizations:
The patient's immunizations are up to date according to the CDC schedule. A copy of the immunization record is attached.

Allergies: [None / List Allergies]
Current Medications: [None / List Medications]

Provider Comments: [Enter any specific notes or "None"]

Please contact our clinic at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Clinic Name]
[Clinic Address]
[Clinic Phone/Email]