Date: [Insert Date]

To: [Insert Camp Name/Organization Name]
Attn: Camp Medical Director / Registrar

RE: Cardiovascular Clearance for [Patient Name]
Date of Birth: [Insert Date of Birth]

To whom it may concern,

This letter is to confirm that I have performed a cardiovascular evaluation on the above-named patient for the purpose of participating in the [Insert Name of Sports Medicine/Cardiovascular Summer Camp].

The evaluation included:

- Review of medical history
- Physical examination focusing on the cardiovascular system
- [Optional: EKG / Echocardiogram / Stress Test results reviewed]

Based on my clinical findings, the patient is:

[ ] Cleared for full participation in all camp activities without restriction.

[ ] Cleared for participation with the following restrictions:
[Insert specific restrictions or required accommodations here]

[ ] Not cleared for participation at this time.

Should any cardiovascular symptoms arise during the camp, such as chest pain, palpitations, or fainting, the patient should be evaluated by on-site medical staff immediately.

Please contact my office at [Insert Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Board Certification / Specialty]
[Practice Name]
[Address]
[Phone Number]