URGENT CARE CENTER NAME
Address: [Insert Clinic Address]
Phone: [Insert Clinic Phone Number]
Date: [Insert Current Date]

SUMMER CAMP CLEARANCE LETTER

Patient Name: [Insert Child's Full Name]
Date of Birth: [Insert Child's DOB]
Date of Examination: [Insert Today's Date]

To Whom It May Concern,

This letter serves to certify that the above-named patient was seen and examined at our Urgent Care facility for a summer camp physical evaluation. Based on the physical examination performed today, the patient is:

[ ] Cleared for all camp activities without restriction.

[ ] Cleared for camp activities with the following restrictions:
[Insert Restrictions or "None"]

Known Allergies: [Insert Allergies or "NKDA"]
Current Medications: [Insert Medications or "None"]

Immunizations are: [ ] Up to date [ ] Not reviewed

If you have any questions regarding this clearance, please contact our office at the number listed above.

Sincerely,

_____
Provider Signature

Provider Name/Credentials: [Insert Provider Name]
Medical License Number: [Insert License #]