Date: [Date]

To: [Parent/Guardian Name]
Student Athlete: [Student Name]
Date of Birth: [DOB]
School: [School Name]

Dear Parent/Guardian,

This letter is to inform you of the results of the Electrocardiogram (ECG) screening performed on your child for athletic participation clearance.

Result Status: [NORMAL / FOLLOW-UP REQUIRED]

Findings:

- [ ] **Normal:** The ECG shows no current findings that restrict athletic participation. The student is cleared for sports from a cardiac standpoint.
- [ ] **Follow-up Required:** The ECG shows findings that require further evaluation by a physician or cardiologist. The student is NOT cleared for participation until a specialist provides written clearance.

Comments:
[Insert additional notes or specific recommendations here]

Please note that an ECG screening is a tool used to identify certain heart conditions but does not rule out all potential cardiac issues. If your child experiences chest pain, fainting, or shortness of breath during exercise, please consult a medical professional immediately regardless of these results.

Sincerely,

[Provider Name/Signature]
[Title/Medical Facility]
[Contact Information]