

Medical Fitness Certification

Date: [Date]

To Whom It May Concern,

This is to certify that I, Dr. [Doctor's Name], a licensed medical practitioner, have examined [Patient's Name], born on [Patient's Date of Birth], and found them to be medically fit to participate in sports activities.

[Patient's Name] does not exhibit any medical conditions that would prevent them from safely engaging in physical sports, including, but not limited to, [list specific sports].

The examination was conducted on [Examination Date] and included a thorough medical history review and physical assessment.

If you have any questions or require further information, please do not hesitate to contact my office at [Doctor's Contact Information].

Sincerely,

Dr. [Doctor's Name]

[Doctor's License Number]

[Doctor's Contact Information]

[Medical Practice Name]