

Athlete Health Check Report

Date: [Insert Date]

To: [Athlete's Name]

From: [Health Professional's Name]

Your recent health check has been completed. Below are the details:

Health Check Summary

- Height: [Insert Height]
- Weight: [Insert Weight]
- BMI: [Insert BMI]
- Blood Pressure: [Insert Blood Pressure]
- Heart Rate: [Insert Heart Rate]

Tests Conducted

- Cardiovascular Fitness: [Result]
- Flexibility: [Result]
- Strength: [Result]

Recommendations

[Insert any recommendations for training, nutrition, etc.]

Next Steps

Please schedule a follow-up appointment in [Insert Timeframe].

Best regards,

[Health Professional's Signature]

[Health Professional's Title]