

Athletic Health Evaluation Requirements Notice

Date: [Insert Date]

To: [Insert Recipient's Name]

From: [Insert Sender's Name]

Subject: Athletic Health Evaluation Requirements

Dear [Recipient's Name],

This letter serves as a reminder of the health evaluation requirements necessary for participation in athletic activities for the upcoming season. To ensure the safety and well-being of all athletes, the following evaluations must be completed:

- Comprehensive physical examination by a licensed medical professional
- Completion of the Medical History Form
- Submission of any necessary immunization records

Please ensure that all documents are completed and submitted by [Insert Deadline Date]. Failure to comply may result in the inability to participate in athletic programs.

Thank you for your attention to this important matter. If you have any questions, please do not hesitate to contact me at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Position]

[School/Organization Name]