

Sports Physical Examination

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Student's Name] has undergone a sports physical examination on [Examination Date] in accordance with the requirements for participation in cheerleading activities.

After a thorough assessment, I hereby certify that [Student's Name] is physically fit to participate in cheerleading and does not have any medical conditions that would prohibit involvement in such activities.

If there are any further questions or concerns, please feel free to contact my office at [Phone Number] or [Email Address].

Sincerely,

[Physician's Name]
[Medical Title/Position]
[Clinic/Hospital Name]
[Address]
[Phone Number]