

# Sports Physical Examination Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Athlete's Full Name], a prospective collegiate athlete at [College/University Name], has completed the required sports physical examination on [Examination Date].

The examination was conducted by [Physician's Full Name], [Medical Title/Qualifications], at [Clinic/Hospital Name]. During the assessment, [he/she/they] was evaluated for overall health and any conditions that may affect [his/her/their] participation in collegiate athletics.

Results of the examination indicated that [Athlete's First Name] is in good health and cleared for participation in sports activities. Recommendations for any specific treatments or follow-up visits have been discussed and addressed.

If you require further details or additional documentation, please feel free to contact [Physician's Contact Information].

Sincerely,

[Physician's Full Name]  
[Medical Title]  
[Clinic/Hospital Name]  
[Contact Information]  
[License Number]