

Sports Physical Examination

Date: _____

To Whom It May Concern,

This letter confirms that **[Student's Full Name]** has undergone a sports physical examination on **[Examination Date]**. Based on the assessment conducted, **[he/she/they]** is cleared to participate in dance team auditions.

Medical History and Findings:

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Vision: _____
- Physical findings: _____

Recommendations: **[Any specific recommendations, if applicable]**

Should you have any further questions regarding **[Student's Name]**, please feel free to contact my office at **[Phone Number]**.

Sincerely,

[Doctor's Name]

[Medical Practice Name]

[Address]

[City, State, Zip Code]

[Email Address]