

Sports Physical Examination

Date: _____

To Whom It May Concern,

This letter is to certify that **[Student's Name]**, a student at **[School Name]**, has undergone a thorough sports physical examination on **[Examination Date]**. After careful evaluation, I am pleased to report that the student is physically fit to participate in school athletics.

The examination included a review of medical history, a physical assessment, and pertinent screenings. The findings indicate that **[Student's Name]** has no medical conditions that would preclude him/her from competing in sports.

Please feel free to contact me at **[Doctor's Contact Information]** should you have any further questions or require additional information.

Sincerely,

[Doctor's Name]

[Medical Practice Name]

[Medical License Number]