

# Sports Physical Examination Certification

Date: [Insert Date]

To Whom It May Concern,

This letter certifies that [Player's Name], a participant in the soccer tryouts for [Team Name], has undergone a comprehensive sports physical examination on [Examination Date].

Based on the assessment conducted by [Physician's Name], [Medical Practice Name], [Location], the athlete is medically cleared to participate in soccer tryouts.

Please feel free to contact my office at [Phone Number] should you require any further information.

Sincerely,

[Physician's Signature]

[Physician's Name]

[Medical License Number]

[Address]