

# Sports Physical Examination

Date: \_\_\_\_\_

To Whom It May Concern,

This letter serves to confirm that **[Participant's Full Name]**, born on **[Date of Birth]**, has undergone a comprehensive physical examination on **[Date of Examination]**. As the examining physician, I have evaluated this individual for participation in summer camp activities.

Based on the examination, I confirm that:

- There are no medical contraindications for participating in sports.
- The participant is in good health and capable of participating in physical activities.

Please feel free to contact me if you require any further information.

Sincerely,

**[Physician's Name]**

**[Physician's License Number]**

**[Clinic/Practice Name]**

**[Contact Information]**