

# Sports Physical Examination Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves to certify that [Athlete's Name], a participant in swimming competitions, has undergone a complete physical examination. The examination was conducted on [Date of Examination] by [Physician's Name] at [Clinic/Hospital Name].

During the examination, the following was assessed:

- Medical History
- Physical Examination
- Cardiovascular Fitness
- Musculoskeletal Assessment
- Neurological Evaluation

Based on the findings, I hereby declare that [Athlete's Name] is physically fit to participate in competitive swimming activities. There are no medical contraindications that would prevent them from engaging in these events.

If you require any further information, please feel free to contact me at [Physician's Phone Number] or [Physician's Email Address].

Sincerely,

[Physician's Signature]

[Physician's Name]

[Physician's Title]

[Clinic/Hospital Name]

[Address]

[Phone Number]

[Email Address]