

# Sports Physical Examination

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

To Whom It May Concern,

This letter serves to confirm that **[Participant's Name]**, born on **[Date of Birth]**, has undergone a sports physical examination on **[Examination Date]**, performed by **[Physician's Name]** at **[Clinic/Hospital Name]**.

Based on the evaluation, I hereby declare that the participant is medically fit to participate in the youth league sports activities. No restrictions apply at this time.

Thank you for your attention to this matter.

Sincerely,

**[Physician's Name]**

**[Physician's Signature]**

**[Medical License Number]**

**[Contact Information]**