

# Volunteer Medical Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Doctor's Name], a licensed medical practitioner, certify that I have examined [Volunteer's Name], who has expressed a desire to volunteer as a sports coach for [Organization/Team Name].

After a thorough assessment of [his/her] medical history and physical condition, I hereby declare that [Volunteer's Name] is in good health and possesses the physical ability to participate in coaching sports activities without any medical restrictions.

This certification is valid for one year from the date of this letter. Should you require any further information or clarification, please feel free to contact my office at [Doctor's Phone Number] or [Doctor's Email Address].

Thank you for your attention.

Sincerely,

Dr. [Doctor's Name]  
[Medical License Number]  
[Clinic/Hospital Name]  
[Address]  
[Phone Number]