

Return-to-Play Assessment

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Athlete's Name], a participant in [Sport/Activity], has completed a comprehensive return-to-play assessment following [injury/condition] sustained on [Date of Injury].

After thorough evaluation, which included [mention any tests or evaluations conducted], I am pleased to report that [he/she/they] have met the necessary criteria for a safe return to athletic activities.

Recommendations for a gradual return are as follows:

- Progressive intensity levels starting from [insert details].
- Monitoring for any signs of discomfort or setbacks.
- Scheduled follow-up appointments to reassess [his/her/their] condition.

Please feel free to contact me at [Insert Phone Number] or [Insert Email] should you require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]