

Sports Team Health Screening Requirements

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name/Organization]

Subject: Health Screening Requirements for [Team Name]

Dear [Recipient's Name],

As the upcoming season approaches, we want to ensure the health and safety of all our athletes. All members of the [Team Name] are required to complete the following health screening procedures before participating in any team activities:

- Complete a health questionnaire, which includes medical history and any current health concerns.
- Obtain a physical examination from a licensed healthcare provider.
- Provide proof of immunizations, including flu shots and any other required vaccines.
- Undergo COVID-19 testing within [insert timeframe, e.g., 72 hours] before the first practice.

Please ensure that all documents are submitted by [Insert Deadline Date] to avoid any disruption in participation. Failure to comply with these requirements may prevent athletes from joining team activities.

If you have any questions or require further information, please feel free to contact us at [Contact Information].

Thank you for your attention to this important matter. We look forward to a healthy and successful season!

Sincerely,

[Your Name]

[Your Position]

[Organization/Team Name]