

Health Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Student's Name], a student at [School/University Name], has undergone a health assessment on [Assessment Date]. It is my professional opinion that [he/she/they] is in good health and cleared for participation in [specific activity/sport/event] from [Start Date] to [End Date].

[Student's Name] does not have any health conditions that would prevent [him/her/them] from safely participating in the aforementioned activities.

If you have any further questions or require additional information, please do not hesitate to contact me at [Healthcare Provider's Contact Information].

Sincerely,

[Healthcare Provider's Name]
[Title/Occupation]
[Healthcare Institution/Office Name]
[Contact Information]