

# Annual Physical Exam Documentation

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Student's Name], a student at [School's Name], has completed their annual physical examination on [Date of Examination].

Details of the examination are as follows:

- Height: [Insert Height]
- Weight: [Insert Weight]
- Vision: [Insert Vision Status]
- Hearing: [Insert Hearing Status]
- Immunizations: [Insert Immunization Status]

[Student's Name] is in good health and is cleared to participate in school activities.

If you have any questions or require further information, please feel free to contact me.

Sincerely,

[Physician's Name]

[Physician's Title]

[Medical Facility Name]

[Contact Information]