

Medical Clearance Letter

Date: _____

To Whom It May Concern,

This letter is to certify that **[Student's Name]**, a student at **[School's Name]**, has been evaluated and is cleared to participate in school activities, including but not limited to physical education and sports.

After a thorough examination, I confirm that **[Student's Name]** is in good health and does not present any medical conditions that would restrict participation in these activities.

If you have any further questions, please feel free to contact my office at **[Phone Number]**.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Facility Name]

[Contact Information]