

Physical Health Requirements for School Participation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Student's Name], a student at [School Name], meets the physical health requirements necessary for participation in school activities and programs.

[Student's Name] has undergone a comprehensive health evaluation on [Date of Evaluation] and has been deemed physically fit to engage in all school-sponsored events, including sports and extracurricular activities. The health assessment was conducted by [Name of Healthcare Provider] and confirmed that there are no medical contraindications preventing participation.

Please find attached the relevant medical documentation and evaluation reports supporting this determination.

If you have any questions or require further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Position/Title]
[School Name]
[School Address]