

Medical Statement Template for Sports Participation

This **medical statement template** for sports participation ensures clear communication of an athlete's health status and fitness. It is designed to meet medical and regulatory requirements for safe involvement in sports activities. Using this template helps streamline the approval process for athletes before competitions and training.

Athlete Information

Full Name	
Date of Birth	
Sport/Discipline	
Team/Organization	
Contact Number	

Medical Evaluation

Date of Examination	
Medical History Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Examination Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relevant Findings	

Physician's Statement

This is to certify that the above-named athlete:

☐ Is medically fit to participate in sports activities

☐ Is NOT medically fit to participate due to:

Specify reason(s) if not fit

Physician Details

Name of Physician	
Signature	
License Number	
Date	
Medical Facility/Practice	

Notes/Comments