

This letter is confirmation that \_\_\_\_\_  
(patient/player)

has had a complete sports physical performed on \_\_\_\_\_  
(date)

and the player is cleared to play high school hockey. This physical is good for  
one year from this date, according to I.H.S.A. guidelines.

Provider: \_\_\_\_\_

\_\_\_\_\_  
(print name, accreditation and firm)