

**MONTVILLE TOWNSHIP HIGH SCHOOL  
CLEARANCE LETTER**

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Dear Parent/Guardian:

This letter serves as written notification that your son/daughter can/cannot (circle one) participate in interscholastic sports for the upcoming season pursuant to N.J.A.C. 6A:16-2.2. Please be advised that this letter reflects the recommendation of the examining physician who completed and signed the Athletic Pre-Participation Examination Form (Parts A and B) submitted to the school on behalf of your son/daughter.

If your son/daughter is deemed unable to participate based on an incomplete form, please ensure that the original examining physician completes the form and returns it to the school to be reviewed for clearance.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
School Physician

\_\_\_\_\_  
Date