

Medical Permission Letter for Domestic Travel

To Whom It May Concern,

This letter serves to confirm that **[Patient's Name]**, holding ID number **[ID Number]**, is under my care for a medical condition.

After conducting a thorough assessment, I hereby grant permission for **[Patient's Name]** to travel domestically from **[Start Date]** to **[End Date]**. It is advised that all necessary precautions related to their health are taken during travel.

Please feel free to contact me at **[Contact Information]** should you require any further information.

Thank you for your understanding.

Sincerely,

[Doctor's Name]

[Medical Title]

[Clinic/Hospital Name]

[Phone Number]

[Email Address]