

Medical Clearance for Volunteer Work

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Volunteer's Name], born on [Birth Date], has been examined by me on [Examination Date]. Subsequently, I hereby declare that they are in good health and fit to participate in volunteer activities with [Animal Rescue Services Organization Name].

[Volunteer's Name] does not have any medical conditions that would impede their ability to work safely with animals or perform associated tasks.

If you have any questions, please feel free to contact me at [Doctor's Contact Information].

Sincerely,

[Doctor's Name]

[Medical License Number]

[Practice Name]

[Practice Address]

[Practice Phone Number]