

Volunteer Medical Clearance

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Insert Doctor's Name], hereby certify that I have examined [Insert Volunteer's Name], who wishes to participate in the charity event organized by [Insert Organization Name] on [Insert Event Date].

After a thorough medical evaluation, I confirm that [Insert Volunteer's Name] is in good health and physically fit to engage in volunteer activities associated with the event.

Please feel free to contact me at [Insert Doctor's Phone Number] should you require any further information.

Sincerely,

[Insert Doctor's Signature]

[Insert Doctor's Name]

[Insert Medical Practice Name]

[Insert Medical Practice Address]