

Volunteer Medical Clearance

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Volunteer Name], who has expressed interest in participating in community service activities, has undergone a medical evaluation and is cleared to volunteer.

During the evaluation on [Date of Examination], [Volunteer Name] was found to be in good health and capable of performing necessary tasks associated with community service, including but not limited to [list any specific physical tasks].

If you have any questions or need further information, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Contact Information]