

Volunteer Medical Clearance Letter

Date: [Insert Date]

To Whom It May Concern:

This letter is to confirm that Dr. [Physician's Name], a licensed medical professional with [Medical License Number], has conducted a medical examination of [Volunteer's Full Name] as part of the requirements for participation in disaster relief efforts organized by [Organization Name].

After thorough assessment, I hereby certify that [Volunteer's Name] is in good health and physically fit to engage in volunteer work under potentially strenuous conditions. There are no medical contraindications that would prevent [him/her/them] from participating in the relief activities.

In case of any medical emergencies, [Volunteer's Name] has been advised to follow standard medical protocols and seek immediate assistance when required.

If you have any questions or require further information, please do not hesitate to contact me directly at [Physician's Phone Number] or [Physician's Email Address].

Sincerely,

[Physician's Signature]

[Physician's Name]

[Physician's Title]

[Medical Facility Name]

[Medical Facility Address]

[Medical Facility Phone Number]