

Volunteer Medical Clearance

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Volunteer's Name], has been evaluated and deemed fit to participate as a volunteer at the upcoming health fair organized by [Organization's Name] on [Event Date].

[Volunteer's Name] has undergone a medical examination on [Examination Date] and has been cleared of any health issues that may impede their ability to assist during the event.

Should you have any further questions or require additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title]

[Medical Facility's Name]

[Medical Facility's Address]

[Medical Facility's Phone Number]