

Volunteer Medical Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Physician's Name], hereby confirm that I have examined [Volunteer's Name], who is applying for a volunteer position at [School/Organization Name].

After conducting a thorough medical assessment, I affirm that [Volunteer's Name] is in good health and is cleared to participate in all volunteer activities associated with the school. [He/She/They] does not have any medical conditions that would impede [his/her/their] ability to perform the duties assigned.

Please feel free to contact me at [Doctor's Contact Information] if you require any further information.

Sincerely,

Dr. [Physician's Name]
[Physician's Signature]
[Physician's License Number]
[Clinic or Hospital Name]