

Medical Clearance for Volunteer Service

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Volunteer's Name] has undergone a medical examination on [Examination Date] and has been deemed fit to participate in volunteer programs, specifically in senior care services.

Findings from the examination indicate that [he/she/they] are in good health and capable of performing the necessary tasks involved in caring for senior individuals. This includes [specific skills or responsibilities, if applicable].

Should you have any questions or require further information, please do not hesitate to contact my office at [Doctor's Phone Number] or [Doctor's Email Address].

Sincerely,

[Doctor's Full Name]

[Doctor's Title]

[Medical Facility Name]

[Address of Medical Facility]

[Phone Number]

[Email Address]