

Volunteer Medical Clearance

Date: _____

To Whom It May Concern,

This letter is to confirm that [**Volunteer Name**] has been evaluated and is cleared to participate in the youth programs as a volunteer. After a thorough examination, it is my professional opinion that [**he/she/they**] is in good health and fits to engage in the activities of the program.

Volunteer Information:

- Name: [Volunteer Name]
- Date of Birth: [DOB]
- Contact Information: [Phone Number, Email]

Medical Professional Information:

- Name: [Doctor's Name]
- Practice: [Clinic/Hospital Name]
- Contact Information: [Phone Number]

Should you have any questions regarding this clearance, please feel free to contact me directly at [Doctor's Contact Information].

Thank you.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical License Number]