

Medical Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby grant permission for my friend, [Friend's Full Name], to communicate with medical professionals on my behalf regarding my health status and any necessary treatments.

This clearance is valid until [End Date] unless revoked in writing by me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]