

Medical Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Full Name], born on [Date of Birth], has been under my medical care since [Start Date of Treatment].

After thorough examination and assessment, I hereby affirm that the patient is fit for travel and has no medical conditions that would pose a risk while traveling.

Details of Medical Condition: [Brief Description]

Recommended Precautions: [Any recommended precautions]

If you require any further information or clarification, please feel free to contact my office at [Doctor's Contact Information].

Sincerely,

[Doctor's Full Name]

[Medical License Number]

[Practice Name]

[Practice Address]

[Contact Information]