Date: [Insert Date]

To:
[Aviation Authority/Company Name]
[Address]
[City, State, Zip Code]

Subject: Medical Clearance for [Pilot's Full Name]

To Whom It May Concern,

This letter is to certify that I have performed a comprehensive medical examination on **[Pilot's Full Name]**, born on **[Date of Birth]**, holding License Number **[License Number]**.

Based on the clinical evaluation and review of medical history, the aforementioned individual meets the physical and mental health standards required for **[Class 1 / Class 2 / Class 3]** Medical Certification as defined by **[FAA / EASA / Local Aviation Authority]** regulations.

At the time of examination, the individual was found to be free of any medical condition or treatment that would currently interfere with the safe operation of an aircraft or the performance of flight duties.

Limitations/Restrictions:
[None / Must wear corrective lenses / Other restrictions]

Certificate Expiration Date: [Insert Date]

Please contact my office at [Phone Number] or [Email Address] should you require any further information or clarification regarding this medical clearance.

Sincerely,

[Doctor's Signature]
[Doctor's Full Name, MD/DO]
[Aviation Medical Examiner ID Number]
[Clinic/Hospital Name]
[Contact Information]