Date: [Insert Date]

To: [Company Name / Medical Review Officer]
Address: [Company Address]

Subject: Medical Fitness Clearance for Offshore Duty

Employee Name: [Full Name]
Employee ID: [ID Number]
Date of Birth: [DOB]
Job Title: [Insert Job Title]

To whom it may concern,

This letter serves to certify that I have performed a comprehensive medical examination on the above-named individual on [Date of Examination]. The examination was conducted in accordance with [Specify Standard, e.g., OGUK / OPITO / ISO] medical fitness standards for offshore workers.

Based on the clinical findings, laboratory results, and physical assessment, the individual has been found:

[ ] Fit for Duty: The individual is medically fit to perform all duties associated with offshore rig operations without restrictions.

[ ] Fit with Restrictions: The individual is fit to work subject to the following limitations: [List Restrictions].

[ ] Unfit for Duty: The individual does not currently meet the medical requirements for offshore deployment.

This medical clearance is valid until [Expiration Date], unless a significant change in health occurs before this date.

Sincerely,

[Doctor Signature]

Dr. [Full Name]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]
[Email Address]