Date: [Insert Date]

To: [Expedition Name / Organizing Company]
Subject: Medical Clearance for Mountaineering Expedition

Patient Name: [Insert Full Name]
Date of Birth: [Insert Date of Birth]
Passport Number: [Insert Passport Number - Optional]

To Whom It May Concern,

I have performed a physical examination on the above-named patient to assess their fitness for a high-altitude mountaineering expedition to [Insert Location/Peak Name], reaching a maximum altitude of [Insert Altitude].

Based on my clinical findings and the patient's medical history, I confirm that:

- The patient is in good general health and is not suffering from any infectious diseases.
- There are no known cardiovascular or respiratory contraindications for high-altitude physical exertion.
- The patient is physically capable of participating in strenuous trekking and climbing activities.
- [Optional] The patient has been informed of the risks associated with Acute Mountain Sickness (AMS), HAPE, and HACE.

I hereby clear [Patient Name] for participation in this expedition.

Sincerely,

Physician Name: [Insert Name]
Medical License Number: [Insert Number]
Facility Name: [Insert Clinic/Hospital Name]
Contact Number: [Insert Phone Number]
Email: [Insert Email Address]

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(Signature and Official Stamp)