Date: [Insert Date]

To: Whom It May Concern / Airline Medical Department

Subject: Medical Clearance for High Altitude Travel

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

To whom it may concern,

I am the primary care physician for [Patient Name]. I am writing to confirm that I have evaluated the patient's current health status regarding their fitness for travel to high-altitude destinations (approximately [Insert Altitude] feet/meters).

Medical Assessment:
The patient has been screened for significant cardiovascular, pulmonary, and neurological conditions. Their current chronic conditions, including [List stable conditions, e.g., Hypertension], are well-controlled with medication.

Clinical Findings:

- **Cardiovascular Status:** Stable. No recent chest pain or uncontrolled arrhythmias.
- **Pulmonary Status:** Stable. Resting oxygen saturation is [Insert %] on room air.
- **Medications:** The patient is adherent to their prescribed regimen and has been advised to carry sufficient supplies.

Recommendations:
The patient has been counseled on the risks of Altitude Mountain Sickness (AMS) and the importance of gradual acclimatization, hydration, and limiting physical exertion upon arrival. They have been provided with prescriptions for [Insert Medication, e.g., Acetazolamide] if deemed necessary.

Conclusion:
In my professional opinion, [Patient Name] is medically fit to travel to high altitudes at this time, provided they follow the discussed safety protocols.

Should you require further information, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical License Number]

[Clinic/Hospital Name]
[Contact Email/Address]