[Company Header/Logo]

Date: [Insert Date]

RE: Medical Clearance for High Altitude Corporate Retreat

To: Licensed Medical Provider

Employee Name: [Insert Employee Name]
Retreat Location: [Insert Location, e.g., Aspen, CO]
Elevation: [Insert Elevation, e.g., 8,000+ feet]
Dates of Travel: [Insert Dates]

Dear Doctor,

The above-named individual is scheduled to attend a corporate retreat at a high-altitude location. Activities may include light hiking, team-building exercises, and prolonged exposure to elevations significantly higher than their home environment.

Given the physiological stresses associated with high altitude (reduced oxygen levels and lower humidity), we request your professional assessment of this employee's fitness for travel. Please evaluate the patient for any pre-existing conditions that may be exacerbated by altitude, including but not limited to:

- Cardiovascular disease or hypertension
- Chronic pulmonary conditions (COPD, Asthma)
- History of altitude sickness (AMS, HAPE, or HACE)
- Pregnancy or anemia

Medical Provider Statement

I have examined **[Employee Name]** and find them:

[ ] **CLEARED** for travel and activity at high altitude without restriction.

[ ] **CLEARED** for travel with the following restrictions/precautions:
_____

[ ] **NOT CLEARED** for travel to high altitude at this time.

Physician Signature: _____

Physician Name (Printed): _____

Clinic Name/Stamp: _____

Phone Number: _____