Date: [Insert Date]

To: [Recipient Name/Airlines/Travel Authority]
Re: Medical Clearance for High Altitude Travel

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Estimated Delivery Date: [Insert EDD]
Current Gestational Age: [Insert Number] Weeks

To Whom It May Concern,

I am the obstetric healthcare provider for [Patient Name]. I am writing to confirm that I have consulted with the patient regarding her plans to travel to a high-altitude location ([Destination Name], Elevation: [Insert Elevation]) from [Start Date] to [End Date].

At this time, the patient is experiencing an uncomplicated, low-risk pregnancy. Based on her current clinical status, she is medically cleared to travel to high altitudes. We have discussed the necessary precautions, including:

- Maintaining adequate hydration.
- Gradual acclimatization to prevent altitude sickness.
- Recognition of warning signs that require immediate medical attention.
- Avoidance of strenuous physical activity at peak elevations.

The patient has been advised to seek local medical care should any complications arise during her trip. If you require further information or have any questions regarding her prenatal care, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/CNM]
[Clinic/Hospital Name]
[Address]
[Phone Number]