Date: [Insert Date]

To: [Insert Organization/Tour Operator Name]
From: [Insert Physician Name, MD/DO]
Subject: Medical Clearance and High Altitude Waiver

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I am the primary healthcare provider for [Patient Name]. I am aware that the patient intends to travel to [Insert Destination/Location], which reaches an elevation of approximately [Insert Elevation] feet/meters above sea level.

I have reviewed the patient's medical history, including the pre-existing condition of [Insert Condition Name]. Based on my clinical evaluation, the patient's condition is currently stable and well-managed.

I hereby certify that [Patient Name] is medically fit to participate in high-altitude activities, provided they adhere to the following recommendations:

- [Insert specific restriction or "Continue current medication"]
- [Insert specific restriction or "Maintain hydration"]

In my professional opinion, the patient may proceed with this travel. This letter serves as a formal waiver regarding the aforementioned pre-existing condition for the purposes of this trip.

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

Sincerely,

[Physician Signature]
[Physician Name, Printed]
[Medical License Number]
[Clinic/Hospital Name]