Date: [Date]

To: [Ski Resort Name / Ski School / Activity Provider]
From: [Physician's Name/Clinic Name]
Subject: Medical Clearance for High Altitude Activity

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]

To Whom It May Concern,

I am writing to provide medical clearance for the above-named patient to participate in activities at [Ski Resort Name], which is located at an elevation of approximately [Elevation] feet/meters.

I have evaluated the patient's medical history and current physical condition. In my professional opinion, the patient is medically fit to travel to and engage in physical activity at high altitudes, including:

- Downhill skiing or snowboarding
- Cross-country skiing
- General mountain activities

Relevant Medical Notes/Restrictions (if any):
[Insert specific restrictions or "None"]

Prescribed Medications for Altitude (if applicable):
[Insert medications or "N/A"]

Please feel free to contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[License Number]
[Clinic/Hospital Address]