Date: [Insert Date]

To: [Recipient Name/Company Name]
Address: [Company Address]

Subject: SEAFARER HEALTH ASSESSMENT CLEARANCE LETTER

Dear [Name of Recipient/Hiring Manager],

This is to certify that I have conducted a comprehensive medical examination for the following seafarer:

- **Full Name:** [Seafarer's Full Name]
- **Date of Birth:** [DD/MM/YYYY]
- **Passport/Seaman's Book No:** [Number]
- **Position/Rank:** [Job Title]

The medical assessment was performed in accordance with the [STCW Convention/ILO/Relevant National Maritime Authority] standards. The evaluation included a review of medical history, physical examination, and required diagnostic tests.

Based on the results, the aforementioned individual has been found:

[ ] Fit for Duty without restrictions
[ ] Fit for Duty with the following restrictions: [Insert Restrictions if applicable]

This clearance is valid until [Expiry Date], subject to no significant changes in the individual's health status during this period.

Sincerely,

[Doctor's Signature]
[Doctor's Full Name]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information]

(Official Clinic Stamp)