[Clinic or Hospital Letterhead]

[Date]

To: [Company Name / Recruitment Agency Name]
Attention: [Human Resources or Occupational Health Department]

Subject: MEDICAL CLEARANCE FOR OFFSHORE DUTY

Employee Name: [Full Name of Worker]
Employee ID/Passport Number: [ID Number]
Date of Birth: [DOB]
Job Title: [e.g., Roustabout, Driller, Mechanic]

To whom it may concern,

This is to certify that I have performed a comprehensive medical examination on the above-named individual on [Date of Examination]. The assessment was conducted in accordance with [Specify Standards, e.g., OGUK, OPITO, or Company-Specific] medical guidelines for offshore work.

The examination included a review of medical history, physical examination, and necessary clinical tests, including:

- Vision and Color Perception
- Hearing (Audiometry)
- Cardiovascular and Respiratory Function
- Urinalysis and Drug Screening (if applicable)
- Physical Agility and Fitness for Duty

Medical Conclusion:

Based on the findings, [Employee Name] is:

[ ] FIT FOR OFFSHORE DUTY (Unrestricted)
[ ] FIT FOR OFFSHORE DUTY (With Restrictions: [Details])
[ ] UNFIT FOR OFFSHORE DUTY

This clearance is valid until: [Expiry Date].

Sincerely,

[Physician Signature]

[Physician Name]
[Medical License Number]
[Clinic Stamp/Contact Information]