Date: [Insert Date]

To: Medical Department / Guest Services
Cruise Line: [Insert Cruise Line Name]
Ship Name: [Insert Ship Name]
Sailing Date: [Insert Date]

RE: Medical Clearance for [Patient Full Name]
Date of Birth: [Insert DOB]

To Whom It May Concern,

I am writing to confirm that [Patient Name] is currently under my medical care. I have reviewed their medical history and current health status in relation to their upcoming cruise vacation.

Based on my clinical assessment, the patient is in stable health and is medically fit to travel. I have reviewed the itinerary and find no contraindications for their participation in standard cruise activities.

Relevant Medical Information:

- **Chronic Conditions:** [Insert Conditions or "None"]
- **Current Medications:** [Insert List or "See attached list"]
- **Allergies:** [Insert Allergies or "No known drug allergies"]
- **Special Requirements:** [Insert requirements such as oxygen, dialysis, or mobility aids, or "None"]

In my professional opinion, the patient is stable for travel and does not pose a health risk to other passengers or crew. They have been advised to bring an adequate supply of all necessary medications for the duration of the voyage.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Address]
[Phone Number]