Date: [Insert Date]

To: [Insert Cruise Line Name] Medical Department / Port Authorities

Re: Medical Clearance for Cruise Travel

Patient Name: [Insert Patient Full Name]
Date of Birth: [Insert Date of Birth]
Booking/Reservation Number: [Insert Number]

To Whom It May Concern,

I am the [Obstetrician/Healthcare Provider] for the above-named patient. I am writing to confirm that I have examined [Patient Name] and have determined that she is fit to travel on a cruise ship for the duration of the scheduled itinerary.

The clinical details regarding her pregnancy are as follows:

- **Estimated Date of Delivery (EDD):** [Insert Date]
- **Current Gestational Age:** [Insert Number] weeks and [Insert Number] days
- **Gestational Age at End of Cruise:** [Insert Number] weeks and [Insert Number] days
- **Pregnancy Status:** [Insert Single/Multiple] pregnancy

This patient is currently experiencing a healthy, uncomplicated pregnancy. There are no known medical conditions or complications that would prevent her from traveling by sea at this time.

I confirm that as of the date of her return voyage, her pregnancy will not have entered the 24th week (or the specific limit required by the cruise line policy).

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]