[Doctor's Letterhead]
[Clinic Name]
[Address]
[Phone Number]
[Date]

To: [Cruise Line Name] Medical Department

Subject: Medical Clearance for Travel - [Patient Name] (DOB: [Date of Birth])

To Whom It May Concern,

I am the treating physician for [Patient Name], who has been under my care for the following cardiac condition(s): [List Condition, e.g., Stable Coronary Artery Disease, Atrial Fibrillation].

The patient's condition is currently stable, and they have been asymptomatic for the past [Number] months. Their most recent evaluation on [Date] indicates that they are fit to travel on a cruise ship.

Clinical Details:

- **Current Medications:** [List Medications or attach list]
- **Recent Procedures:** [e.g., Stent placement on Date / Pacemaker insertion on Date]
- **Functional Capacity:** The patient can perform activities of daily living and walk [e.g., 2 flights of stairs] without chest pain or shortness of breath.
- **Oxygen Requirement:** [None / Specific Flow Rate]

I have reviewed the patient's itinerary, including the duration of the cruise and the remote nature of medical facilities at sea. In my professional opinion, [Patient Name] is medically cleared to participate in this cruise. I recommend the patient carries a copy of their most recent EKG and a full list of medications.

Please contact my office if you require any additional information.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]