Date: [Date]

To: Medical Department / Guest Services
Cruise Line: [Cruise Line Name]
Ship Name: [Ship Name, if known]
Sailing Dates: [Start Date] to [End Date]

RE: Medical Clearance for [Patient Full Name]
Date of Birth: [Patient DOB]
Booking Reference: [Booking Number]

To Whom It May Concern,

I am the treating physician for [Patient Name], who underwent [Type of Surgery/Procedure] on [Date of Surgery].

I have examined the patient on [Date of Last Follow-up] and have determined that they are clinically stable and fit for international cruise travel. The surgical site is healing as expected, and there are no signs of post-operative complications or active infection.

Clinical Status:

- The patient is cleared for all standard cruise activities, including [List specific activities like swimming, shore excursions, or air travel].
- The patient is independent in activities of daily living and mobility.
- [Optional: Specific restrictions or medication requirements].

In my professional opinion, the patient does not require specialized medical equipment or intensive nursing care while on board. They have been provided with all necessary prescriptions to last the duration of the voyage.

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

Sincerely,

[Physician Signature]

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