Date: [Insert Date]

To: [Cruise Line Name] Medical Department
Re: Medical Clearance for Travel

Passenger Name: [Full Name of Passenger]
Date of Birth: [DOB]
Booking Reference: [Booking Number]

To Whom It May Concern,

I am the primary healthcare provider for [Passenger Name]. I have reviewed their medical history and current health status in relation to their upcoming cruise departing on [Departure Date] for a duration of [Number of Days] days.

Current Medical Conditions:
[List stable conditions or state "None"]

Medications:
The patient is currently prescribed the following medications: [List medications or attach list].
The patient is capable of self-administering these medications.

Mobility and Assistance:
[Select one: The patient is fully ambulatory / The patient requires a wheelchair for long distances / The patient requires a wheelchair at all times].

Physician Statement:
In my professional opinion, the patient is medically fit to travel on a cruise ship. They are stable, do not have any acute medical issues, and do not require specialized medical equipment or intensive nursing care beyond what is typically available on a commercial vessel. I have discussed the risks of travel with the patient, and they are cleared for this itinerary.

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

Sincerely,

[Physician Signature]

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