To: [Cruise Line Name] Medical Department / Accessibility Services

Date: [Date]

RE: MEDICAL CLEARANCE FOR CRUISE TRAVEL

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

To Whom It May Concern,

I am the treating physician for the above-named patient. This letter serves to confirm that the patient has a **severe, life-threatening allergy (anaphylaxis)** to the following substance(s):

Allergens: [List specific allergens, e.g., Peanuts, Shellfish, Dairy]

Clinical Manifestations: Upon exposure, the patient may experience [List symptoms, e.g., respiratory distress, swelling, hives, gastrointestinal distress].

Required Accommodations:

- Strict avoidance of the allergens listed above in food preparation and cross-contamination.
- Ability to carry life-saving emergency medication (Epinephrine auto-injectors) at all times.
- Access to a refrigerator in the cabin for medical purposes (if applicable).

Emergency Treatment Plan: In the event of accidental exposure, the patient has been prescribed:

- [Medication Name/Dosage, e.g., EpiPen 0.3mg]
- [Secondary Medication, e.g., Antihistamines]

Medical Clearance: I have reviewed the patient's medical history and the nature of cruise travel. I certify that the patient is medically fit to travel, provided that the ship's dining staff and medical team are aware of these severe allergies and necessary precautions are taken.

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

Sincerely,

[Physician Signature]

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