[Physician Name/Clinic Name]
[Address]
[Phone Number]
[Email]

Date: [Current Date]

To: Cruise Line Medical Department / Port Authorities

RE: Medical Clearance for Travel - [Patient Full Name]

To whom it may concern,

I am the primary healthcare provider for [Patient Full Name], born on [Date of Birth]. I am writing to provide medical clearance for this patient to travel on a cruise departing on [Departure Date] for a duration of [Number of Days] days.

Medical Condition:
The patient is currently being managed for [Name of Chronic Illness(es)]. Their condition is currently stable, and they are adhering to a prescribed treatment plan.

Medications and Equipment:
The patient requires the following medications and/or medical equipment to be carried on board:

- [Medication Name/Dosage/Frequency]
- [Medication Name/Dosage/Frequency]
- [Medical Equipment, e.g., CPAP machine, Oxygen, Syringes]

Restrictions and Accommodations:
The patient has the following specific needs or limitations:

- [e.g., Dietary restrictions, Mobility assistance, Wheelchair access]

In my professional opinion, [Patient Full Name] is fit to travel and participate in standard cruise activities, provided they have access to their medications and necessary accommodations. Should any medical emergencies arise, they are aware they must seek immediate assistance from the ship's medical staff.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]
[State/Province]