[Physician Name/Medical Clinic Letterhead]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

TO: [Cruise Line Name] Medical Department / Port Health Authorities
RE: Expedited Medical Clearance for Travel

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Booking/Reservation Number: [Booking Number]
Departure Date: [MM/DD/YYYY]

To Whom It May Concern,

I am the treating physician for the above-named patient. I have performed an expedited medical evaluation of the patient on [Date of Examination] to assess their fitness for travel aboard a cruise vessel.

Medical Assessment:
Based on my clinical examination and review of the patient's medical history, I confirm that:

- The patient is currently in stable health and is fit for international travel.
- The patient does not exhibit symptoms of any acute contagious or communicable diseases (including COVID-19, Norovirus, or Influenza).
- The patient is cleared for physical activities associated with cruising, including boarding and emergency drills.
- [Optional] The patient is cleared to travel at [Number] weeks of pregnancy and is not experiencing complications.

Medications and Support:
The patient has been prescribed necessary medications for the duration of the voyage and is capable of self-administering these medications. [List any specific life-saving medications like Epi-Pens or Insulin if applicable].

Physician Conclusion:
In my professional medical opinion, there are no contraindications to this patient traveling on the scheduled cruise. This clearance is provided on an expedited basis to meet boarding requirements.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]
[Clinic Stamp/Seal]