

[Physician Name/Clinic Letterhead]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

Date: [Current Date]

RE: Medical Clearance for Travel

To Whom It May Concern,

This letter is to confirm that my patient, **[Patient Full Name]** (DOB: [Date of Birth]), is currently under my prenatal care. She is in her first trimester of pregnancy with an Estimated Date of Delivery (EDD) of **[Date]**. As of today, she is **[Number]** weeks pregnant.

The patient's pregnancy is currently considered low-risk and uncomplicated. I have evaluated her medical history and current physical condition and find her fit for air and/or land travel between **[Start Date]** and **[End Date]**.

There are no medical contraindications to her traveling at this time. However, as with all pregnant travelers, it is recommended that she remains hydrated, moves her legs frequently to prevent blood clots, and seeks medical attention should any urgent symptoms arise during her trip.

If you require further information or have any questions regarding this clearance, please feel free to contact my office directly.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Clinic Name]