

Date: [Date of Issue]

To: [Cruise Line Name] Medical Department / Port Authorities

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am the regular healthcare provider for the patient named above. I am writing to confirm that I have examined [Patient Name] and have reviewed her medical history regarding her fitness to travel by cruise ship.

Pregnancy Details:

- **Estimated Date of Delivery (EDD):** [Date]
- **Current Gestational Age:** [Number] weeks and [Number] days
- **Gestational Age at End of Cruise ([End Date]):** [Number] weeks and [Number] days
- **Pregnancy Type:** [Single / Multiple/ Non-complicated]

Medical Clearance:

At this time, the patient is experiencing a healthy, uncomplicated pregnancy. She is currently in good health and is not exhibiting any signs of premature labor or high-risk complications. In my professional medical opinion, the patient is fit to travel on a cruise ship for the duration of the scheduled itinerary from [Start Date] to [End Date].

Physician Contact Information:

Doctor Name: [Physician Name]

Medical License Number: [License #]

Clinic/Hospital Name: [Name]

Phone Number: [Phone Number]

Email: [Email Address]

Sincerely,

[Physician Signature]

[Clinic Stamp/Seal]