

[Doctor or Clinic Letterhead]

[Date]

To Whom It May Concern,

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

I am the obstetrician/healthcare provider for the above-named patient. I am writing to provide medical clearance for her to travel for business purposes.

The patient is currently [Number] weeks pregnant with an estimated due date of [Date]. Her pregnancy is considered low-risk, and she is not experiencing any complications that would restrict her from traveling by [Air/Train/Car].

The planned travel dates are from [Start Date] to [End Date], with the destination being [City, Country].

I have reviewed the travel itinerary and find the patient fit for travel. I recommend that she remains hydrated, wears compression stockings during long flights, and moves her legs frequently to prevent blood clots.

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

Sincerely,

[Signature of Doctor]

[Printed Name of Doctor]

[Medical License Number]

[Clinic/Hospital Name]