

Date: [Date]

To: [Organization Name] Mission Board

Subject: Medical Clearance for [Patient Name]

To Whom It May Concern,

I have recently examined [Patient Name], Date of Birth [DOB]. Based on my clinical evaluation and a review of the patient's medical history, I find the patient to be in good physical and mental health.

I certify that [Patient Name] is fit to travel to [Destination Country] and participate in the activities associated with this mission trip, which may include physical labor, high temperatures, and limited access to medical facilities.

Chronic Conditions: [None / List Conditions]

Current Medications: [None / List Medications]

Allergies: [None / List Allergies]

Immunizations: The patient is up to date on all routine vaccinations and has received the specific immunizations required for this travel destination.

Special recommendations or restrictions: [None / List Restrictions]

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

Sincerely,

[Physician Signature]

[Physician Printed Name], [Title/Credentials]

[Medical Facility Name]

[License Number]