

Date: [Date]

To: [Organization Name/Mission Board]

Re: Conditional Medical Clearance for [Patient Name]

To Whom It May Concern,

I have examined [Patient Name] regarding their upcoming mission trip to [Destination] scheduled from [Start Date] to [End Date]. Based on my evaluation, the patient is **conditionally cleared** to participate in this trip, provided the following requirements are met:

- **Required Medications:** The patient must carry and adhere to [List Medications/Prescriptions].
- **Follow-up Care:** The patient must complete [Test/Procedure] scheduled for [Date] prior to departure.
- **Physical Restrictions:** The patient is restricted from [List Activity Restrictions, e.g., heavy lifting, high altitudes] during the trip.
- **Special Needs:** The patient requires access to [List Accommodations, e.g., CPAP machine power, refrigeration for insulin].

Final clearance is contingent upon the stabilization of [Specific Condition] and the successful completion of the items listed above. Should any change in the patient's health status occur before departure, this clearance must be re-evaluated.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Facility Name]

[License Number]