

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Subject: Medical Clearance Decision - [Mission Trip Name]

Dear [Applicant Name],

Thank you for your interest in joining the upcoming mission trip to [Location] scheduled for [Dates]. As part of our safety protocol, our medical review team has carefully evaluated your health history and physical examination forms.

After a thorough review, we regret to inform you that we cannot provide medical clearance for your participation in this specific trip. This decision was made based on the following considerations:

- The physical demands and environmental conditions of the destination.
- Limited access to necessary medical facilities or specialized care in the region.
- Current health requirements and safety standards for all team members.

Please understand that this decision is made with your personal safety and well-being as our primary priority. The conditions of this particular mission could pose a significant risk to your health, and we want to ensure you are not placed in a vulnerable position.

We encourage you to discuss this decision with your primary care physician. If your health status changes in the future, we would welcome a new application for a different project better suited to your medical needs.

We appreciate your heart for service and hope you find other ways to support this mission through prayer or local involvement.

Sincerely,

[Signature]

[Name of Medical Officer/Coordinator]

[Organization Name]