

[Physician Name/Clinic Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

To Whom It May Concern:

Re: [Patient Full Name]  
Date of Birth: [Patient Date of Birth]

I have recently evaluated [Patient Name] for a physical examination in preparation for an upcoming mission trip to [Destination Country/Region] scheduled from [Start Date] to [End Date].

Based on my clinical examination and a review of their medical history, I find this patient to be in good physical and mental health. They are medically cleared to participate in the activities required for this mission, including [mention specific tasks, e.g., manual labor, walking long distances, or high-altitude travel].

The patient has been advised regarding necessary vaccinations and preventative medications for this specific region. They are currently managed for the following stable conditions (if any): [List conditions or state "None"].

The patient is currently taking the following medications: [List medications or state "None"].

Please feel free to contact my office if you require any further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]  
[Medical License Number]