

Date: [Date]

To: [Organization Name]

Attn: Mission Trip Coordinator

Subject: Medical Clearance for [Patient Name]

To Whom It May Concern,

I am writing to provide medical clearance for my patient, [Patient Name], born on [Date of Birth], to participate in the upcoming mission trip to [Location] from [Start Date] to [End Date].

I have performed a physical examination and reviewed the patient's medical history in relation to the activities planned for this trip. Based on my assessment, [Patient Name] is in stable health and is physically capable of participating in the mission activities, including [mention specific activities like light construction, walking, or teaching].

Current Medications and Requirements:

- The patient is cleared to carry and self-administer all necessary prescription medications.
- Special considerations or restrictions: [Enter "None" or specify, e.g., dietary needs, mobility limits].
- Immunizations: The patient is up to date on all routine vaccinations and specific travel immunizations required for this destination.

In my professional opinion, the patient does not have any medical conditions that would be exacerbated by the travel or the environment of the mission site.

Please feel free to contact my office at [Phone Number] if you require any further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]

[License Number]