

Date: [Date]

To: [Applicant Name]

Address: [Applicant Address]

Subject: Medical Clearance Deferral for [Mission Trip Name/Destination]

Dear [Applicant Name],

Thank you for submitting your medical history and examination forms for the upcoming mission trip to [Destination]. The medical review team has carefully evaluated your documentation in relation to the physical demands and environmental conditions of this specific trip.

At this time, we must inform you that your medical clearance has been **deferred**. This decision is based on the following reason(s):

- [Insert specific reason, e.g., Unstable chronic condition]
- [Insert specific requirement, e.g., Pending follow-up results or clearance from a specialist]
- [Insert concern, e.g., Recent surgical procedure requiring more recovery time]

Please understand that a deferral is not a final rejection. To reconsider your application for clearance, we require the following action(s):

1. [Action item 1]
2. [Action item 2]

Please submit the requested documentation or updates to [Department/Contact Name] by [Deadline Date]. We will re-evaluate your status once this information is received. If these requirements cannot be met by the deadline, we recommend discussing future trip opportunities that may be less physically demanding or closer to advanced medical facilities.

Your health and safety are our primary concerns during these missions. If you have any questions regarding this deferral, please contact [Contact Person] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Medical Reviewer/Officer]

[Title/Organization]