

Date: [Date]

To: [Mission Organization Name / Travel Department]

Subject: Medical and Immunization Clearance for [Patient Name]

To Whom It May Concern,

This letter serves to confirm that I have evaluated [**Patient Name**], Date of Birth: [**DOB**], for their upcoming mission trip to [**Destination Country**] scheduled for [**Date of Departure**].

The patient has been counseled on the health risks associated with this region and has received the following immunizations and/or prescriptions:

- **Routine Vaccines:** [e.g., Tdap, MMR, Polio, Influenza] - Up to date
- **Travel-Specific Vaccines:** [e.g., Yellow Fever, Typhoid, Hepatitis A/B, Cholera]
- **Malaria Prophylaxis:** [Name of medication prescribed, if applicable]
- **Other:** [e.g., Japanese Encephalitis, Rabies]

Based on the physical examination and medical history, the patient is currently in good health and has no known medical contraindications for travel or for the activities planned during this mission trip.

If you require any further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[Clinic/Hospital Name]

[License Number]

[Contact Email/Phone]