

Date: [Date]

To Whom It May Concern,

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

The above-named patient is under my care and is planning to participate in a short-term mission trip to [Destination Country/Region] from [Start Date] to [End Date].

I have reviewed the patient's medical history and current physical condition. Based on my evaluation, I find the patient to be in good health and medically cleared to participate in this trip and its associated activities, which may include [list activities, e.g., manual labor, hiking, teaching].

Current Medications:

[List medications or write "None"]

Known Allergies:

[List allergies or write "None"]

Special Medical Considerations or Precautions:

[List considerations or write "None"]

The patient has been advised regarding necessary immunizations and preventative health measures for the specific travel destination.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]

[Phone Number]

[Medical License Number]