

Date: [Date]

To: [Mission Organization Name]

Re: Medical Clearance for [Patient Full Name]

Patient Date of Birth: [DOB]

To Whom It May Concern,

I have performed a comprehensive physical examination and medical history review for [Patient Name] on [Date of Exam]. This evaluation was conducted to determine the patient's fitness for a long-term mission assignment in [Destination Country/Region].

Based on my findings, I certify that the patient is in good physical and mental health. They do not have any pre-existing conditions that would be aggravated by international travel or living in a remote environment with potentially limited medical resources.

Clinical Findings:

- The patient is up to date on all routine vaccinations.
- The patient has received specific travel immunizations required for the region.
- Current medications (if any): [List medications or write "None"].
- Known allergies: [List allergies or write "None"].

In my professional opinion, [Patient Name] is medically cleared for full participation in long-term mission activities without restrictions.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number/Email]