

Date: [Insert Date]

To: [Name of Bungee Jumping Operator/Company]

Subject: Medical Authorization for Bungee Jumping

To Whom It May Concern,

I, Dr. [Physician's Full Name], am a licensed medical professional. I am writing this letter to formally authorize my patient, [Patient's Full Name], born on [Patient's Date of Birth], to participate in bungee jumping activities.

I have performed a medical evaluation of the patient and have reviewed the physical requirements and potential risks associated with bungee jumping, including rapid deceleration and increased cranial pressure. Based on this assessment, I certify that the patient is in good physical health and does not have any pre-existing medical conditions (such as cardiovascular issues, spinal injuries, or neurological disorders) that would prohibit them from participating in this activity.

Physician's Remarks (Optional): [Insert any specific notes or restrictions here]

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

Sincerely,

[Signature]

[Physician's Printed Name]

[Medical License Number]

[Clinic/Hospital Name]