

**Date:** [Insert Date]

**To:** [Insert Expedition Company/Organization Name]

**Subject:** Medical Clearance for Mountaineering Activities

**Patient Name:** [Insert Patient Full Name]

**Date of Birth:** [Insert Date of Birth]

**Passport Number:** [Insert Passport Number - Optional]

To whom it may concern,

This letter serves to certify that I have performed a comprehensive physical examination on the above-named patient on [Insert Examination Date]. The purpose of this examination was to assess their physical fitness and medical suitability for a high-altitude mountaineering expedition to [Insert Location/Peak Name].

My clinical assessment included an evaluation of the following:

- Cardiovascular health and blood pressure
- Respiratory function and lung capacity
- Musculoskeletal strength and flexibility
- Neurological stability
- Review of past medical history and current medications

Based on the clinical findings, the patient is currently in good health and shows no signs of acute or chronic medical conditions that would contraindicate strenuous physical exertion or exposure to high altitudes.

**Conclusion:** I find the patient **physically fit** to participate in the upcoming mountaineering activity.

**Doctor's Remarks/Limitations:** [Insert any specific notes or "None"]

Sincerely,

[Doctor's Signature]

**Doctor's Name:** [Insert Name]

**Medical License Number:** [Insert License Number]

**Clinic/Hospital Name:** [Insert Institution]

**Contact Information:** [Insert Phone/Email]

[Clinic Stamp/Seal]