

Date: [Insert Date]

To: [Fishing Charter Name / Regulatory Authority]

Subject: Medical Clearance for Deep Sea Fishing

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I am a licensed medical professional and have recently examined the patient named above. Based on the medical history and physical examination, I find the patient to be in good health and physically capable of participating in deep sea fishing activities.

This clearance confirms that the patient is fit to handle the physical rigors associated with offshore fishing, including:

- Maintaining balance on a moving vessel in various sea states.
- Physical exertion required for reeling and lifting.
- Exposure to sun, wind, and marine environments.

Medical Restrictions: [Insert "None" or list specific limitations]

Medication Considerations: [Insert "None" or list relevant info such as motion sickness precautions]

This medical approval is valid until [Insert Expiration Date].

Sincerely,

[Doctor Signature]

Physician Name: [Insert Name]

Medical License Number: [Insert Number]

Clinic/Hospital Name: [Insert Name]

Contact Phone: [Insert Phone Number]