Date: [Date]

To: [Aviation Authority/Company Name]
Address: [Street Address, City, State, Zip Code]

Subject: Medical Clearance for [Pilot's Full Name]

To Whom It May Concern,

This letter serves to certify that I have performed a comprehensive medical examination on **[Pilot's Full Name]**, Date of Birth **[DOB]**, on **[Date of Examination]**.

Based on the clinical findings and the standards set forth by the [FAA/EASA/Relevant Aviation Authority] for **[Class 1/2/3]** Medical Certification, I have determined that the individual is medically fit to perform the duties associated with their pilot license.

The examination included an assessment of the following:

- Vision and Hearing acuity
- Cardiovascular health
- Neurological function
- Mental health status
- General physical health

Limitations/Restrictions: [None / e.g., Must wear corrective lenses]

This clearance is valid until **[Expiration Date]**, subject to any changes in the pilot's health status.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Designated Aviation Medical Examiner Number]
[Medical License Number]
[Clinic/Hospital Name]