Date: [Insert Date]

To: Federal Aviation Administration / Civil Aviation Authority
Subject: Medical Clearance for Private Pilot License

To Whom It May Concern,

This letter is to certify that I have medically examined **[Patient Full Name]**, born on **[Date of Birth]**, residing at **[Patient Address]**.

The examination was conducted on **[Examination Date]** to determine the applicant's physical and mental fitness to operate a private aircraft. The evaluation included a review of medical history, vision testing, hearing assessment, cardiovascular health, and neurological stability.

Based on my clinical findings and the standards set forth for a Private Pilot Medical Certificate (Class [Insert Class, e.g., 2 or 3]), I find the applicant to be:

- In good physical health and free from any condition that would cause sudden incapacitation.
- Meeting the required visual and auditory standards (with/without corrective lenses).
- Mentally stable and not currently using any medications that impair cognitive or motor functions.

In my professional opinion, **[Patient Name]** is medically fit to perform the duties of a Private Pilot without restrictions [or specify restrictions if any].

Should you require any further information or medical records, please do not hesitate to contact my office.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]
[Email Address]