Date: [Insert Date]

To: [Airline Name/Flight Operations Department]
Address: [Company Address]
City, State, Zip: [City, State, Zip Code]

Subject: Medical Clearance for Airline Transport Pilot (ATP) Duties

To Whom It May Concern,

This letter serves to certify that I have conducted a medical examination of **[Pilot's Full Name]**, born on **[Date of Birth]**, holder of Pilot Certificate Number **[Certificate Number]**.

Based on the clinical evaluation and review of medical records, I find the individual to be in good health and free from any physical or mental condition that would interfere with the safe operation of an aircraft or the performance of duties required under an Airline Transport Pilot License.

The pilot meets the medical standards required for **First-Class Medical Certification** as mandated by **[FAA / EASA / Relevant Aviation Authority]** regulations.

Current Medical Certificate Details:

- **Certificate Class:** First Class
- **Date of Examination:** [Date]
- **Expiration Date:** [Date]
- **Limitations/Restrictions:** [None or specify, e.g., Must wear corrective lenses]

In my professional opinion, [Pilot's Name] is medically fit for flight duty.

Sincerely,

[Signature]
[Doctor's Full Name, M.D./D.O.]
[Aviation Medical Examiner Number]
[Clinic/Hospital Name]
[Contact Phone Number]