[Date]

To: Federal Aviation Administration (FAA)
Aeromedical Certification Division
[Or Civil Aviation Authority Address]

RE: Aviation Medical Clearance - Cardiology Evaluation
Patient Name: [Pilot Full Name]
Date of Birth: [DOB]
PI Number/Reference: [Pilot ID Number]

Dear Aviation Medical Examiner,

I am writing to provide a formal cardiology evaluation for [Pilot Name] regarding their eligibility for [First/Second/Third] Class Medical Certification. I am a board-certified cardiologist and have been treating/evaluating the patient since [Date].

Clinical History:
The patient has a history of [Specific Condition, e.g., Atrial Fibrillation, Coronary Artery Disease, Hypertension]. They are currently [Asymptomatic/Stable] and report no episodes of syncope, dizziness, palpitations, or chest pain.

Medications:
The patient is currently prescribed the following medications:
- [Medication Name, Dosage, and Frequency]
- [Medication Name, Dosage, and Frequency]

Testing and Results:
The following diagnostic tests were performed on [Date]:
- **Physical Exam:** [e.g., Blood pressure 120/80, normal heart sounds]
- **ECG:** [Findings, e.g., Normal sinus rhythm]
- **Stress Test (GXT):** [Results, e.g., Completed 10 minutes of Bruce Protocol, no ischemia]
- **Echocardiogram:** [Results, e.g., LVEF 55%, no valvular disease]
- **Holter Monitor:** [Results, if applicable]

Assessment and Recommendation:
Based on my clinical examination and the objective test results listed above, it is my professional opinion that [Pilot Name] is cardiovascularly stable. There is no evidence of any condition that would result in sudden incapacitation. From a cardiac standpoint, the patient is cleared to perform pilot duties without restrictions.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Board Certification]
[Medical Facility Name]
[Phone Number]
[Email Address]