[Hospital or Clinic Letterhead]
[Doctor's Name/AME Name]
[Medical License Number]
[Address]
[Phone Number]
[Email]

[Date]

To: Federal Aviation Administration (FAA) / Civil Aviation Authority
Attn: Aeromedical Certification Division

RE: MEDICAL CLEARANCE FOR PILOT DUTY

Pilot Name: [Pilot's Full Name]
Date of Birth: [DOB]
Pilot Certificate Number: [Certificate Number]

To Whom It May Concern,

This letter is to certify that [Pilot's Name] has been under my care following a [Type of Surgery/Procedure] performed on [Date of Surgery].

The patient has completed the required post-operative recovery period and follow-up evaluations. As of [Current Date], I have clinically evaluated the patient and find that:

- The surgical site is fully healed with no complications.
- The patient is no longer taking any sedating or prohibited medications, including narcotic pain relievers.
- The patient has regained full range of motion, strength, and cognitive function necessary for flight duties.
- The underlying condition for which the surgery was performed is now resolved or stable.

In my professional medical opinion, [Pilot's Name] is stable and there are no medical contraindications to them returning to full flight status and cockpit duties.

Please find the attached operative reports and clinical notes regarding this case for your records.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Board Certification/Specialty]
[AME Designation Number, if applicable]