Date: [Insert Date]

To: Summer Camp Administration / Medical Director
Re: Immunization Verification and Health Clearance

Patient Name: [Insert Full Name]
Date of Birth: [Insert Date of Birth]
Parent/Guardian Name: [Insert Parent/Guardian Name]

To Whom It May Concern,

This letter serves to certify that [Patient Name] is a patient under my care. I have reviewed their medical records and provide the following verification:

1. Immunization Status:
The patient is up-to-date on all age-appropriate vaccinations as recommended by the CDC and local health authorities. A copy of the official immunization record is attached to this letter.

2. Physical Examination:
The patient underwent a comprehensive physical examination on [Insert Date of Last Exam]. Based on this evaluation, the patient was found to be in good general health and free from contagious or infectious diseases.

3. Clearance for Activity:
The patient is medically cleared to participate in all standard summer camp activities, including physical sports and swimming, with the following restrictions (if any):
[Insert Restrictions or type "None"]

4. Medications/Allergies:
Known Allergies: [Insert Allergies or "No Known Allergies"]
Current Medications: [Insert Medications or "None"]

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

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Clinic/Practice Name]
[Medical License Number]