

**Date:** [Insert Date]

**To:** [Airline/Transportation Provider Name]

**Attn:** Accessibility/Medical Desk

**RE: MEDICAL CLEARANCE AND PRE-BOARDING ACCOMMODATION**

**Passenger Name:** [Insert Full Name]

**Date of Birth:** [Insert Date of Birth]

**Ticket/Confirmation Number:** [Insert Number, if known]

To Whom It May Concern,

I am the treating physician for [Passenger Name], who has been diagnosed with a chronic neurological condition. This letter serves to certify that the patient is medically cleared for air travel, provided that specific accommodations are met to ensure their safety and well-being during the boarding process and flight.

Due to the nature of their condition, the patient experiences symptoms that may include [list applicable symptoms, e.g., impaired balance, sensory sensitivity, reduced mobility, or cognitive fatigue].

**Required Accommodations:**

- **Priority Pre-boarding:** To allow the patient extra time to settle and avoid the physical stress of crowds.
- **Seating Preference:** [Specify, e.g., Bulkhead or Aisle seat near a restroom] for ease of access.
- **Medical Device/Medication:** The patient must carry [List specific devices or medications] in the cabin.
- **Support Person:** The patient should be seated next to their travel companion for assistance.

The patient is stable and does not require supplemental oxygen or specialized inflight medical monitoring at this time. Should you have any questions regarding these requirements, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

**[Physician Name, MD/DO]**

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information]