

[Physician Name/Clinic Name]

[Address Line 1]

[Address Line 2]

[Phone Number]

[Email]

Date: [Insert Date]

RE: Medical Exemption and Vocational Training Clearance

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert DOB]

Patient ID/SSN: [Insert if applicable]

To Whom It May Concern,

I am the primary healthcare provider for [Patient Name]. This letter serves to provide formal notification regarding the patient's medical status and their ability to participate in vocational training activities.

1. Medical Exemption Request:

Due to a documented medical condition, the patient is currently exempt from the following requirements:

[List specific exemptions, e.g., heavy lifting, specific vaccinations, or prolonged standing].

This exemption is expected to remain in effect until [Insert Date or "Indefinitely"].

2. Vocational Training Clearance:

Despite the aforementioned limitations, I have evaluated [Patient Name] and determined that they are medically cleared to participate in [Insert Type of Training/Program Name]. The patient is physically and mentally capable of performing the essential functions of this training program, provided that the following accommodations are met:

[List necessary accommodations or write "None"].

3. Restrictions:

The patient must adhere to the following restrictions while participating in training:

[Insert specific restrictions or "No specific restrictions at this time"].

If you require further clinical information or clarification regarding these recommendations, please contact my office directly.

Sincerely,

[Signature of Physician]

[Printed Name of Physician]
[Medical License Number]
[Clinic Stamp]