

Dear _____,

Subject: Medical Clearance for Military Service

I, _____, _____ at _____, at this moment certify that _____ has undergone a comprehensive medical examination and assessment and is deemed medically fit for military service by the standards set forth by _____.

_____ has provided a thorough medical history and has undergone the necessary physical examinations, laboratory tests, and other diagnostic procedures as required. Based on my evaluation, no significant medical conditions or physical impairments would preclude _____ from effectively performing the duties and responsibilities associated with military service.

Furthermore, _____ does not present any known medical conditions that would risk _____ own health or the safety of fellow service members during enlistment, deployment, or specific military duties.

Any ongoing medical conditions or limitations have been thoroughly assessed, and appropriate management plans have been discussed with _____, ensuring _____ ability to maintain health and readiness for military service. _____ understands the importance of adhering to prescribed treatments and seeking timely medical care when necessary.

Should you require any further information or clarification regarding _____'s medical status, please do not hesitate to contact me at _____ or _____.

Thank you for your attention to this matter.

Sincerely,