

Medical Clearance Letter

Dear _____.

I am writing to provide medical clearance for _____, who has recently undergone _____ at _____ . Based on our thorough assessment and examination, I am pleased to inform you that the patient is now deemed medically fit for _____ as per your request.

Patient Information:

- Full Name: _____
- Date of Birth: _____
- Medical Record Number: _____
- Date of Procedure/Treatment: _____

Medical Clearance Details:

Medication Information:

Restrictions/Limitations:

Follow-Up Recommendations:

I trust that this medical clearance letter will assist in facilitating
_____ 's _____ with
_____. If you have any further questions or require additional
information, please do not hesitate to contact me at _____ or
_____.

Thank you for your attention to this matter.

Sincerely, 

