MEDICAL CLEARANCE LETTER

Facility Name: _____ Facility Address: _____

Patient Name: _____ Date of Birth: _____

This is to certify that the undersigned medical professional has conducted a thorough medical examination of the patient name

1. The patient is in satisfactory medical condition and is cleared for all usual activities without restrictions.

2. The patient does not have any communicable diseases that would pose a risk to others in public or occupational settings.

3. There are no known mental or physical health conditions that would impair the patient's ability to perform required duties or tasks safely.

4. The examination included assessment of vital signs, cardiovascular and respiratory systems, neurological function, and general physical status.

5. The patient's current medications and treatment plans have been reviewed and are deemed compatible with the activities to be undertaken.

6. The patient has been advised to seek further medical attention if any new symptoms arise or existing conditions worsen.

7. The patient complies with all applicable health regulations and standards required under United States law for medical clearance purposes.

8. This clearance is issued based on information available at the time of examination and is valid only for the intended purpose as specified by the requesting party.

Medical Examiner Information:

Name: _____

License Number: _____

Address: _____

Phone Number: _____

Terms and Conditions:

1. This Medical Clearance Letter is issued in accordance with all applicable federal, state, and local laws of the United States.

2. The medical examiner certifies that all information herein is accurate and truthful to the best of their knowledge and professional judgment.

3. This letter is intended solely for use by the requesting party and may not be transferred or assigned without prior written consent of the medical examiner.

4. The patient consents to the release of relevant medical information contained herein for the stated purpose and understands the limits of confidentiality.

5. Neither the medical examiner nor the facility shall be held liable for any damages arising from misuse or misinterpretation of this letter.

6. The medical clearance is valid only for the activity or purpose specified and does not constitute a waiver of any additional requirements.

7. This document shall be governed by and construed in accordance with the laws of the United States.

8. Any disputes arising from or related to this letter shall be subject to the exclusive jurisdiction of competent courts within the United States.

MEDICAL EXAMINER'S SIGNATURE

Signature: _____

Date: _____

PATIENT'S ACKNOWLEDGEMENT

Signature: _____

Date: _____