

Medical Report Form for Travel Clearance

This **medical report form** sample is designed to facilitate travel clearance by documenting necessary health information clearly and efficiently. It includes sections for medical history, current health status, and physician's approval to ensure safe travel. Using this form helps streamline the approval process and supports compliance with travel health regulations.

1. Personal Information

Full Name:

Date of Birth:

Passport Number:

Contact Number:

2. Medical History

Please detail any significant past or current medical conditions (e.g., diabetes, heart disease, allergies):

Current Medications:

Vaccinations (list relevant vaccinations for destination):

3. Current Health Status

Are you currently experiencing any symptoms (e.g., fever, cough, shortness of breath)?

Select

If Yes, please specify:

Based on your current health, are you fit to travel?

Select

4. Physician's Approval

Physician's Comments:

Physician's Name:

License/Registration Number:

Date of Examination:

Physician's Signature:

Patient's Signature:

Note: This form is intended to provide relevant medical information for travel clearance. Additional requirements may depend on the travel destination and current public health guidelines.