Authorization to obtain health or medical clearance

Subject: Authorization for Medical Clearance

Dear [Hospital/Clinic Administrator],

I, [Patient Name], authorize [Authorized Person's Name] to collect my medical clearance certificate and related documents from your office. This authorization is valid from [Start Date] to [End Date].

Thank you for assisting [Authorized Person's Name].

Sincerely,

[Patient Name]

[Patient ID / Details]