Sample Authorization for Medical Examination

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Medical Professional's Name] to conduct a medical examination on me for the purpose of [Specify Purpose, e.g., pre-employment, health assessment].

I grant permission for the examination to be conducted, including necessary tests and procedures.

Please consider this letter as my formal authorization for the medical examination.

Sincerely,

[Your Signature]

[Your Printed Name]