

Doctor's Consent Letter for Travel Abroad

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Doctor's Name], am a licensed physician practicing at [Clinic/Hospital Name]. This letter serves to confirm that my patient, [Patient's Name], is under my care and has been evaluated for fitness to travel.

After a thorough examination, I hereby give my consent for [Patient's Name] to travel abroad from [Start Date] to [End Date]. I believe that the patient is in good health and fit for the travel during this period.

Should you have any questions or require further information, please do not hesitate to contact my office at [Doctor's Phone Number] or [Doctor's Email Address].

Thank you for your attention to this matter.

Sincerely,

Dr. [Doctor's Name]
[Medical License Number]
[Clinic/Hospital Name]
[Clinic/Hospital Address]