

# Health Clearance Letter for Travel

Date: [Insert Date]

To Whom It May Concern,

This letter certifies that [Patient's Full Name], born on [Date of Birth], has undergone a medical examination on [Examination Date] and is hereby declared fit for travel.

After thorough evaluation, including [list any relevant tests or vaccinations], I confirm that [he/she/they] is free from any communicable diseases and poses no health risk to others during travel.

Should you need further information, please feel free to contact my office at [Doctor's Contact Information].

Thank you.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Institution Name]

[Contact Information]