

Physician's Approval Letter

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Physician's Name], am a licensed physician in [State/Country] and am writing to confirm that my patient, [Patient's Name], has been under my care since [Start Date].

After conducting a thorough medical evaluation, I can confirm that [he/she/they] is in stable condition and is fit for international travel. [He/She/They] is currently managing [mention any medical condition if necessary, or state "no known medical issues"].

Please feel free to contact my office at [Phone Number] or [Email Address] for any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

Dr. [Physician's Name]
[Medical License Number]
[Clinic/Hospital Name]
[Address]
[City, State, ZIP]
[Phone Number]
[Email Address]