

# Travel Medical Fitness Certificate

Date: [Insert Date]

To Whom It May Concern,

This is to certify that Mr./Ms. [Patient's Name], aged [Patient's Age], holds a valid medical fitness status to undertake travel. After a thorough medical examination conducted on [Date of Examination], it is my professional opinion that the patient is in good health and does not present any medical contraindications for travel.

The following points were assessed:

- General Health: [Assessment Result]
- Cardiovascular Health: [Assessment Result]
- Respiratory Health: [Assessment Result]
- Allergies: [List any allergies]
- Current Medications: [List any medications]

This certificate is issued upon the request of Mr./Ms. [Patient's Name] for travel purposes.

If you have any questions, please do not hesitate to contact me at [Doctor's Contact Information].

Sincerely,

[Doctor's Name]

[Doctor's Qualification]

[Medical License Number]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[Contact Number]