

Health Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Patient's Full Name], born on [Date of Birth], has undergone a comprehensive medical examination on [Examination Date]. As a licensed physician, I confirm that [he/she/they] is in good health and is free from any contagious diseases.

[Patient's Full Name] is fit for travel and does not present any health risks to others. All relevant health records are available upon request.

If you have any further questions, please do not hesitate to contact my office at [Phone Number] or [Email Address].

Sincerely,

[Your Full Name]

[Your Medical Title]

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number]

[Email Address]