

Medical Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Patient's Name], born on [Date of Birth], has undergone a medical examination on [Date of Examination] conducted at [Medical Facility Name].

The following assessments were performed:

- Physical Examination
- Laboratory Tests
- Vaccination Status Review

Based on the results, I confirm that [Patient's Name] is in good health and does not have any communicable diseases or conditions that may pose a risk to the public health.

This medical clearance is issued for the purpose of complying with the documentation requirements for [Embassy Name].

Sincerely,

[Doctor's Name]

[Medical License Number]

[Contact Information]

[Medical Facility Name]