

Medical Examination Results

Date: [Date]

To Whom It May Concern,

This letter serves to confirm that [Patient's Full Name], born on [Date of Birth], has undergone a medical examination as part of the embassy processing requirements.

Results of the Examination:

- Physical Examination: [Pass/Fail]
- Chest X-ray: [Normal/Abnormal]
- Laboratory Tests: [Results]
- Vaccinations: [Current/Incomplete]

[Patient's Full Name] is found to be [Fit/Unfit] for travel according to the standards set by the embassy.

If you have any further questions regarding these results, please feel free to contact our office.

Sincerely,

[Doctor's Name]

[Medical Facility Name]

[Contact Information]