

# Medical Fitness Declaration

Date: [Insert Date]

To Whom It May Concern,

This is to certify that I, Dr. [Doctor's Name], a licensed physician, have examined [Patient's Name], who has applied for visa services at your esteemed embassy. After a thorough medical evaluation, I declare that [he/she/they] is in good physical and mental health and is fit to travel.

Details of the examination are as follows:

- Patient Name: [Patient's Name]
- Age: [Patient's Age]
- Gender: [Patient's Gender]
- Examination Date: [Date of Examination]
- Medical History: [Brief Medical History]

This declaration is issued at the request of the patient for immigration purposes and should be considered valid for the duration specified by the embassy.

Should you require any additional information, please feel free to contact me at [Doctor's Contact Information].

Sincerely,

Dr. [Doctor's Name]  
[Doctor's License Number]  
[Address of Medical Practice]  
[Contact Information]