

Wellness Statement

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], am writing to confirm that I am in good health and have no known medical conditions that would affect my ability to travel or reside in [Destination Country]. This statement is provided for the purpose of visa processing.

I have undergone a recent medical examination on [Date of Examination] conducted by [Name of Physician/Hospital], and the results indicate that I am physically fit and free of any contagious diseases.

If further information is required, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Date of Birth]

[Your Passport Number]