

Medical Certification

Date: _____

To Whom It May Concern,

This is to certify that I, Dr. _____, a licensed medical practitioner, have examined

Patient's Name: _____

Date of Birth: _____

Passport Number: _____

and found them to be in good health and fit for travel.

The patient is not exhibiting any symptoms of contagious diseases and has no known medical conditions that would prohibit travel.

If you require any further information, please do not hesitate to contact my office.

Sincerely,

Dr. _____

Medical License Number: _____

Contact Information: _____