

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Physician or Clinic Name]
[Facility Name]
[Facility Address]

RE: Request for Post-Travel Medical Consultation - Potential Pathogen Exposure

Dear Dr. [Physician Last Name],

I am writing to request an urgent medical consultation regarding a potential exposure to an unknown pathogen during my recent international travel.

Travel Details:

Destination(s): [Country/Region]
Dates of Travel: [Start Date] to [End Date]
Date of Return: [Date]

Exposure Context:

I am concerned about a potential exposure that occurred on [Date] in [Specific Location]. The nature of the exposure involved [briefly describe, e.g., contact with local wildlife, consumption of untreated water, insect bites, or proximity to ill individuals].

Current Symptoms (if any):

[List symptoms, e.g., fever, rash, gastrointestinal distress, fatigue, or state "Currently asymptomatic"]

Medical History:

I received the following vaccinations prior to departure: [List vaccines]. I [did/did not] take malaria prophylaxis during my trip.

I would like to schedule a physical examination and discuss necessary diagnostic screenings or blood tests to rule out infectious diseases common to the region visited. Please let me know the earliest available time for an appointment or if I should follow specific isolation protocols before arriving at your office.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]