

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

To Whom It May Concern,

This letter is to formally support the application of [Student Full Name], a student at [University/Institution Name], for their upcoming student mobility program at [Host Institution/City/Country].

[Student Full Name] is currently under the medical care of [Clinic Name]. Based on our clinical assessment and medical records, we confirm that the student is fit to participate in the international mobility program from [Start Date] to [End Date].

We have discussed the necessary health considerations for their travel and stay abroad. The student has been advised on maintaining their health regimen and has been provided with the required documentation for any ongoing prescriptions or treatments.

Should you require any further medical clarification or additional information regarding this student's health status in relation to their mobility period, please do not hesitate to contact our office.

Sincerely,

[Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Clinic Stamp]