

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Full Name]

**Date of Birth:** [Insert Date of Birth]

**Patient ID/Reference:** [Insert ID Number]

To Whom It May Concern,

This letter serves to confirm that [Patient Name] has undergone clinical evaluation and laboratory testing at [Facility Name] on [Date of Testing].

The following tests were performed:

- [Insert Test Name, e.g., CBC] - Result: [Normal/Negative]
- [Insert Test Name, e.g., COVID-19 PCR] - Result: [Normal/Negative]
- [Insert Test Name] - Result: [Normal/Negative]

Based on the laboratory findings and physical assessment conducted on [Date], the patient is found to be in good health and is cleared for:

**[Clearance Purpose: e.g., Return to Work / School Attendance / International Travel / Athletic Participation]**

There are currently no clinical contraindications or restrictions on the patient's activities. If you require further information or verification of these results, please contact our office at [Phone Number].

Sincerely,

[Physician/Provider Signature]

**[Physician/Provider Name, Title]**

[Facility/Clinic Name]

[License Number]

[Contact Email/Phone]