DATE: [Insert Date]

TO: [Employer/Agency Name]
ADDRESS: [Employer/Agency Address]

MEDICAL CLEARANCE CERTIFICATE

RE: [Full Name of Candidate]

PASSPORT NO: [Insert Passport Number]

POSITION APPLIED FOR: [Insert Job Title]

To Whom It May Concern,

This is to certify that I have personally examined the above-named candidate on [Insert Date of Examination]. The medical evaluation included a review of medical history, physical examination, and required laboratory/radiological diagnostic tests.

Based on the results of the examination and the standards required for overseas employment, I find the candidate:

[ ] FIT FOR EMPLOYMENT

[ ] UNFIT FOR EMPLOYMENT

Remarks (if any): [Insert comments regarding vaccinations, vision, or follow-up requirements]

This certificate is valid until [Insert Expiry Date, usually 3-6 months from date of issue].

Sincerely,

_____
[Physician Name]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information]

(Official Clinic Stamp/Seal)