Date: [Insert Date]

To Whom It May Concern,

Subject: Medical Fitness Clearance for Pre-Departure

This is to certify that I have personally examined **[Full Name of Traveler]**, holder of Passport/ID number **[Insert Number]**, on **[Date of Examination]**.

The medical examination included a review of medical history, physical assessment, and necessary laboratory investigations required for international travel/assignment to **[Destination Country]**.

Based on the examination results, I find the aforementioned individual to be:

- In good physical and mental health.
- Free from any contagious or infectious diseases that pose a risk to public health.
- Medically fit to undergo international travel and perform the duties required for their stay.

Additional Remarks (if any): [e.g., Vaccinations up to date, ongoing medication, or None]

This certificate is valid until **[Insert Expiry Date]**.

Sincerely,

[Signature]
[Name of Medical Practitioner]
[Medical License Number]
[Name of Clinic/Hospital]
[Contact Information/Stamp]