[Hospital or Clinic Letterhead]

Date: [Insert Date]

To: [Embassy/Consulate of Country Name] / [Immigration Department]

Subject: MEDICAL CLEARANCE CERTIFICATE FOR EXPATRIATE WORK VISA

Patient Information:
Full Name: [Applicant's Full Name]
Passport Number: [Passport Number]
Nationality: [Nationality]
Date of Birth: [DD/MM/YYYY]

To Whom It May Concern,

This is to certify that I have personally examined the above-mentioned individual and reviewed their medical history and laboratory test results as required for the expatriate work visa application.

The medical examination included screenings for:

- Infectious diseases (including HIV, Hepatitis B & C, and Syphilis)
- Tuberculosis (Chest X-Ray)
- Physical and mental fitness
- [List any other specific tests required by the destination country]

Based on the clinical findings and laboratory results dated [Insert Date], I hereby certify that [Applicant's Name] is found to be in good health, free from contagious or infectious diseases, and is physically and mentally fit to perform the duties required for their employment in [Destination Country].

This certificate is valid for [Insert Validity Period, e.g., 90 days] from the date of issuance.

Sincerely,

[Doctor's Signature]

[Doctor's Full Name]
[Medical License Number]
[Hospital/Clinic Name]
[Contact Information/Phone Number]
[Official Medical Stamp]