Date: [Insert Date]

To: [Insert Immigration Department/Ministry of Manpower]
Subject: Medical Clearance Letter for Foreign Domestic Employee

This is to certify that I have personally examined the individual named below:

Employee Name: [Insert Full Name]
Passport Number: [Insert Passport Number]
Date of Birth: [Insert Date of Birth]
Nationality: [Insert Nationality]

The medical examination included a physical assessment and screenings for the following:

- Infectious diseases (Tuberculosis, HIV/AIDS, Syphilis)
- Hepatitis B
- Pregnancy test
- Mental health assessment
- General physical fitness for domestic duties

Based on the clinical findings and laboratory results, I hereby certify that the aforementioned individual is **FIT / UNFIT** (select one) for employment as a Foreign Domestic Employee.

Remarks: [Insert any specific notes or "None"]

Sincerely,

[Doctor's Signature]
Doctor's Name: [Insert Name]
Medical License No: [Insert Number]
Clinic/Hospital Name: [Insert Name]
Contact Information: [Insert Phone/Email]

[Clinic/Hospital Stamp]