Date: [Insert Date]

TO: Embassy/Consulate of [Insert Country Name: e.g., Saudi Arabia, UAE, Qatar, Kuwait, Oman, Bahrain]
RE: Medical Fitness Clearance for Employment

Candidate Information:

- **Full Name:** [Insert Full Name as per Passport]
- **Passport Number:** [Insert Passport Number]
- **Nationality:** [Insert Nationality]
- **Position Applied For:** [Insert Job Title]

To Whom It May Concern,

This is to certify that I have personally examined the above-mentioned candidate on [Insert Date of Examination]. The medical evaluation was conducted in accordance with the health requirements and standards set forth by the Gulf Health Council (GHC) and the Ministry of Health of [Insert Destination Country].

The examination included a comprehensive clinical review, chest X-ray, and laboratory investigations for infectious diseases including, but not limited to, HIV, Hepatitis B, Hepatitis C, Syphilis, and Tuberculosis.

Based on the results of the clinical and laboratory findings, I hereby certify that [Insert Candidate Name] is:

[ ] FIT FOR EMPLOYMENT
[ ] UNFIT FOR EMPLOYMENT

The candidate is found to be free from contagious, infectious, and mental diseases, and is physically capable of performing the duties required for the position stated above.

This certificate is valid for a period of [Insert Duration, e.g., 90 days] from the date of issuance.

Sincerely,

[Doctor's Signature]
[Doctor's Full Name]
[License/Registration Number]
[Medical Clinic/Hospital Name]
[Official Stamp/Seal]