

Date: [Date of Examination]

To:

The Embassy/Consulate of [Country Name]
[Immigration Department Section]
[Address]

Subject: Medical Clearance for [Applicant's Full Name]

Applicant Details:

Full Name: [Full Name as per Passport]
Date of Birth: [DD/MM/YYYY]
Passport Number: [Passport Number]
Visa Application Reference: [Reference Number, if applicable]

To Whom It May Concern,

I, Dr. [Doctor's Full Name], a designated medical examiner, hereby certify that I have conducted a comprehensive medical examination of the aforementioned applicant on [Date].

The examination was performed in accordance with the health requirements and technical instructions provided for [Country Name] immigration purposes. The evaluation included a physical examination, review of medical history, and required laboratory tests (including screenings for tuberculosis, syphilis, and HIV, as applicable).

Findings:

- The applicant shows no clinical signs or symptoms of infectious or contagious diseases of public health significance.
- The applicant's vaccinations are [up-to-date / in progress] according to the required schedule.
- The applicant has no physical or mental disorders that pose a threat to themselves or others.

Conclusion:

Based on the results of the examination and laboratory reports, I find the applicant to be in good health and medically fit for immigration purposes.

This clearance is valid for [Number] months from the date of the examination.

Sincerely,

[Signature]

Dr. [Doctor's Name]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information/Phone Number]
[Official Clinic Stamp]