

[Hospital/Clinic Letterhead]

[Doctor's Name/Department]

[Medical Facility Address]

[City, State, Zip Code]

[Phone Number]

Date: [Current Date]

To: Visa Section, [Embassy/Consulate Name]

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

Patient Information:

Name: [Applicant's Full Name]

Date of Birth: [DD/MM/YYYY]

Passport Number: [Passport Number]

Case/Reference Number: [Application Number]

To Whom It May Concern,

This letter serves to certify that [Applicant's Name] has undergone a comprehensive medical evaluation for Tuberculosis (TB) at this facility. The evaluation included a physical examination, a chest X-ray, and [mention any other tests like Sputum Culture or IGRA blood test].

Diagnosis and Treatment History:

The applicant was previously diagnosed with [Active TB / Latent TB] on [Diagnosis Date]. They successfully completed a full course of WHO-recommended anti-tuberculosis treatment from [Start Date] to [Completion Date].

Current Medical Status:

Based on the most recent medical assessment conducted on [Date of Last Exam]:

1. The applicant is no longer infectious to others.
2. The applicant has completed the required treatment regimen.
3. The latest chest X-ray shows [stable findings/improvement/no signs of active TB].
4. [Optional] The applicant is currently fit to travel.

In my professional medical opinion, [Applicant's Name] has met the medical requirements for TB clearance and poses no threat to public health.

Please contact my office if any further information is required.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Medical License Number]
[Official Clinic Stamp/Seal]