

[Physician's Full Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

RE: Medical Exemption from Vaccination for Visa Applicant

To the Honorable Consular Officer / Immigration Authorities,

I am writing to formally certify that I have medically evaluated **[Patient's Full Name]**, born on **[Date of Birth]**, holder of Passport Number **[Passport Number]**.

Based on a thorough review of the patient's medical history and current clinical status, I have determined that the following vaccination(s) are medically contraindicated at this time:

- [List specific vaccine(s), e.g., MMR, Yellow Fever, COVID-19]

Reason for Exemption:

The aforementioned vaccine(s) are contraindicated due to: [Provide brief medical reason, e.g., severe anaphylactic reaction to vaccine components, immunocompromised status, or specific underlying medical condition].

This exemption is issued in accordance with recognized medical standards. In my professional opinion, administering the required vaccine(s) poses a significant risk to the patient's health and safety. The patient is otherwise in good health and cleared for travel, provided the necessary safety protocols for non-vaccinated individuals are followed.

If you require further information or verification, please contact my office directly.

Sincerely,

[Signature of Physician]

[Physician's Printed Name]

[Official Medical Stamp/Seal]