[Clinic or Hospital Letterhead]
[Doctor's Full Name]
[Medical License Number]
[Clinic Address]
[Phone Number]
[Email Address]

Date: [Date]

To: [Embassy/Consulate Name] Visa Section
Regarding: Medical Clearance for [Applicant's Full Name]
Passport Number: [Passport Number]
Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that [Applicant's Full Name] has been under my medical care for the treatment of Syphilis. The patient was diagnosed with [Stage of Syphilis, e.g., Primary, Secondary, or Latent Syphilis] on [Diagnosis Date].

The patient has successfully completed the full course of treatment as prescribed, consisting of [Type of Medication, e.g., Penicillin G benzathine], administered on [Date(s) of Treatment].

Follow-up clinical evaluations and laboratory tests conducted on [Date of Follow-up Test] show the following results:

- **RPR/VDRL Titer:** [Current Titer, e.g., 1:2]
- **Clinical Status:** [e.g., Asymptomatic / No active lesions]

Based on the completed treatment and current clinical status, I certify that [Applicant's Full Name] has been adequately treated and is no longer infectious. The patient does not pose a threat to public health and is medically cleared for travel and visa processing.

Please feel free to contact my office if you require any further documentation or clarification.

Sincerely,

[Doctor's Signature]

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