

Date: [Insert Date]

To:

Consulate/Embassy of [Insert Country]
Visa Section

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

To the Honorable Consular Officer,

I, [Physician Name], a licensed psychiatrist [License Number], have conducted a formal psychiatric evaluation of [Applicant Name], Date of Birth: [DOB], Passport Number: [Passport Number], on [Date of Evaluation].

The purpose of this evaluation was to determine the applicant's mental health status and stability in accordance with visa medical clearance requirements.

Clinical Findings:

- The applicant does not present with any current symptoms of a major mental health disorder.
- There is no evidence of cognitive impairment or substance use disorders.
- The applicant does not pose a threat to themselves or to the public safety of the host country.
- [Optional: Mention specific stability if a previous condition existed, e.g., "The applicant's condition is well-managed with medication and has been stable for X years."]

Conclusion:

Based on my clinical assessment, [Applicant Name] is mentally stable and cleared for travel and residency. I find no psychiatric contraindications to the issuance of a visa.

Please contact my office at [Phone Number] or [Email Address] if you require further information.

Sincerely,

[Signature]

[Physician Name, MD/DO]

[Board Certification/Title]

[Clinic/Hospital Name]

[Address]