

[Physician Name/Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

To: [Embassy/Consulate/Immigration Department Name]  
Regarding: Medical Clearance for Visa Application

**Applicant Name:** [Patient Full Name]  
**Date of Birth:** [MM/DD/YYYY]  
**Passport Number:** [Passport Number]

To Whom It May Concern,

I am writing this letter at the request of [Patient Full Name] to provide medical clearance regarding their chronic health condition. I have been the primary treating physician for this patient since [Start Date of Treatment].

The patient has been diagnosed with the following chronic condition(s):  
[List Condition(s)]

I can confirm that the patient's condition is currently **stable** and well-managed through [Medication/Therapy/Routine Monitoring]. The patient has demonstrated consistent adherence to their prescribed treatment plan. Over the last [Number] months/years, there have been no acute exacerbations, emergency hospitalizations, or significant changes in the severity of the condition.

The patient is currently prescribed the following medications:

- [Medication Name and Dosage]
- [Medication Name and Dosage]

In my professional medical opinion, the patient is fit to travel and reside abroad. Their condition does not pose a threat to public health, nor is it expected to require intensive or emergency medical resources during their stay. The patient is capable of managing their condition independently with continued access to their routine medication and periodic follow-up care.

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

Sincerely,

[Physician Signature]

[Physician Full Name, MD/DO]  
[Medical License Number]  
[Board Certification]