

**Date:** [Insert Date]

**To:** [Visa Processing Office / Embassy Name]

**Address:** [Insert Address]

**Subject: Pregnancy Deferral for Medical Clearance - [Applicant Full Name]**

**Applicant Name:** [Insert Full Name]

**Passport Number:** [Insert Passport Number]

**Visa Application Reference:** [Insert Reference Number]

To Whom It May Concern,

This letter is to formally request a deferral for specific components of the required medical examination for the above-named applicant due to pregnancy.

I can confirm that [Applicant Name] is currently pregnant, with an estimated due date of [Insert Date]. As a result, the following medical tests have been deferred to ensure the safety of the mother and the unborn child:

- Chest X-ray (Radiology)
- [List any other deferred tests, if applicable]

All other required medical assessments and blood tests that do not pose a risk during pregnancy [have been completed / are being completed] as scheduled.

The deferred components will be completed as soon as it is medically safe to do so following the birth of the child. We request that the visa application remains active or held in pending status until these results can be provided.

Please find attached the official medical certificate confirming the pregnancy and the expected delivery date.

Sincerely,

[Physician Name/Signature]

[Medical Clinic/Hospital Name]

[License Number]

[Contact Information]