

[Hospital or Clinic Letterhead]

[Doctor's Name/Department]

[Clinic Address]

[Phone Number]

[Date]

To: The Embassy/Consulate of [Country Name]

Visa Section

RE: Medical Clearance for Visa Application

Patient Name: [Child's Full Name]

Date of Birth: [DD/MM/YYYY]

Passport Number: [Passport Number]

Parent/Guardian Name: [Name of Accompanying Adult]

To Whom It May Concern,

I am the treating pediatrician for [Child's Name]. I am writing to provide medical clearance for the aforementioned patient regarding their visa application for travel to [Destination Country].

I have performed a clinical evaluation of the patient on [Date of Last Exam]. Based on the physical examination and medical history, I can confirm the following:

- The patient is in good general health and is fit for international travel.
- The patient's immunizations are up to date according to the national schedule [Optional: List specific vaccines if required by the embassy].
- The patient shows no signs of infectious or contagious diseases that would pose a risk to public health.
- The patient [is/is not] currently under treatment for [Chronic Condition]. [If applicable: The patient is stable and has a sufficient supply of medication for the duration of the trip].

There are no medical contraindications for the patient to travel by air or reside in [Destination Country].

Please feel free to contact my office at [Phone Number] or via email at [Email Address] should you require any further information.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical License Number]

[Official Clinic Stamp/Seal]