

[Clinic or Hospital Letterhead]

[Doctor's Full Name, Qualifications]

[Medical License Number]

[Clinic Address]

[Phone Number]

[Email Address]

[Date]

TO WHOM IT MAY CONCERN

Subject: Medical Clearance for Visa Applicant - Recovery from [Name of Disease]

This letter serves to certify that I have medically examined **[Patient Full Name]**, born on **[Date of Birth]**, holder of Passport Number **[Passport Number]**.

The aforementioned patient was previously diagnosed with **[Name of Infectious Disease]** on **[Date of Initial Diagnosis]**.

Following the completion of the required treatment and isolation period, the patient underwent follow-up clinical assessments and diagnostic testing. I can confirm the following:

- The patient has completed the full course of treatment as prescribed.
- The patient is currently asymptomatic and shows no clinical signs of active infection.
- Laboratory results dated **[Date of Negative Test]** indicate that the patient is no longer infectious.

Based on these findings, it is my professional medical opinion that **[Patient Full Name]** has fully recovered and poses no risk to public health. The patient is medically fit to travel and meets the health requirements for visa processing.

Attached to this letter are the relevant laboratory reports and vaccination records (if applicable).

Please do not hesitate to contact my office should you require any further information.

Sincerely,

[Signature]

[Doctor's Printed Name]

[Official Clinic Stamp]