

[Hospital or Clinic Letterhead]

[Date]

To: The Embassy/Consulate of [Country Name]
Visa Processing Section

RE: MEDICAL CLEARANCE FOR VISA APPLICATION

Patient Name: [Full Name as per Passport]
Passport Number: [Passport Number]
Date of Birth: [DD/MM/YYYY]
Case/Reference Number: [Application Reference Number]

To Whom It May Concern,

This letter is to certify that the above-mentioned applicant has completed the required follow-up medical examination as requested on [Date of Initial Request/Exam].

The applicant underwent the following follow-up procedure(s): [List tests, e.g., Repeat Chest X-ray, Sputum Culture, Specialist Consultation].

Based on the clinical findings and laboratory results dated [Date of Results], the applicant is found to be free from any infectious or contagious diseases of public health significance, including [e.g., active Tuberculosis], that would pose a risk to public health.

The applicant is now considered medically fit for travel and visa processing.

Should you require any further information, please contact this office at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Doctor's Name]
[Medical License Number]
[Clinic/Hospital Stamp]