

**Date:** [Insert Date]  
**Case Number:** [Insert Case Number]  
**Priority:** URGENT / EXPEDITED REQUEST

**TO:** [Consulate/Embassy Name or USCIS Office]  
**FROM:** [Doctor's Name/Medical Facility]  
**RE:** Medical Clearance for [Applicant's Full Name]

Dear Consular Officer / Immigration Officer,

This letter serves as official notification that the required medical examination for **[Applicant's Full Name]** (Date of Birth: [DOB], Passport Number: [Passport #]) has been completed and finalized as of [Date].

I am requesting an **expedited processing** of this medical clearance for the following reason(s):

- [Reason 1: e.g., Imminent visa interview date of MM/DD/YYYY]
- [Reason 2: e.g., Medical emergency or urgent humanitarian grounds]
- [Reason 3: e.g., Age-out concerns or expiring underlying documentation]

The applicant has met all health-related requirements for immigration, including all necessary vaccinations and screenings as mandated by the CDC and the Department of State. All relevant medical forms (Form I-693 or DS-2054) have been [sealed/electronically uploaded].

Should you require further verification or additional documentation to facilitate this expedited request, please contact my office immediately at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]  
**[Doctor's Full Name]**  
[Panel Physician/Civil Surgeon Designation]  
[Medical License Number]  
[Facility Stamp]