

[Physician's Full Name]
[Medical License Number]
[Clinic/Hospital Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

RE: Medical Clearance for Visa Applicant

Patient Name: [Applicant's Full Name]
Date of Birth: [MM/DD/YYYY]
Passport Number: [Passport Number]

To the Honorable Consular Officer,

I am a licensed physician specializing in [Specialty] and have personally evaluated the above-mentioned applicant on [Date of Examination]. This evaluation was conducted to assess the applicant's history of substance use and current status of remission for the purpose of visa eligibility.

Based on my clinical examination, medical history review, and laboratory results (including a [Number]-panel drug screen performed on [Date]), I certify the following:

- The applicant has a documented history of [Type of Substance] use but has been in full sustained remission since [Start Date of Remission].
- The applicant has successfully completed a supervised rehabilitation program at [Name of Program] on [Completion Date].
- There is no evidence of current drug or alcohol dependency or harmful use.
- The applicant does not currently present a physical or mental disorder associated with harmful behavior that poses a threat to the property, safety, or welfare of themselves or others.

In my professional medical opinion, the applicant meets the criteria for remission and is medically cleared for travel and residency. I recommend the continuation of [mention any support groups or follow-up care if applicable].

Should you require any further information, please contact my office directly.

Sincerely,

[Signature]

[Physician's Printed Name]
[Medical Board/Affiliation]