

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Full Name]

**Date of Birth:** [Insert Date of Birth]

**Passport/ID Number:** [Insert Number - Optional]

To Whom It May Concern,

This letter serves to certify that the above-named patient has been evaluated at [Insert Clinic/Hospital Name] following travel to [Insert Country/Region].

The patient was treated and/or monitored for [Insert Disease Name or "a suspected travel-related illness"]. As of [Insert Date], the patient has completed the necessary clinical evaluation and treatment protocol.

Based on the clinical findings and laboratory results, I can confirm that:

- The patient is no longer considered infectious.
- The patient is fit to resume normal activities, including work and school.
- The patient is medically cleared for travel.

Should you require further information regarding this clearance, please contact our office at [Insert Phone Number].

Sincerely,

[Signature]

**Dr. [Insert Physician Name]**

[Insert Medical License Number]

[Insert Department/Specialty]

[Insert Facility Name]