LETTER HEAD

DATE

To Whom it May Concern,

**After conducting a medical examination of [NAME], born on [DATE OF BIRTH], and reviewing their medical history, I certify the following:**

☐ The individual **does** **not** have any known preexisting medical or mental health conditions that may interfere with, or be exacerbated by, participation in an overseas study or training program.  
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☐ The individual **has the following** medical or mental health conditions that should be taken into consideration:



Please indicate whether these conditions are currently managed and whether any special accommodations or monitoring may be required during the overseas stay:

SIGNATURE AND STAMP

NAME OF THE HEALTH CARE PROVIDER WHO SIGNED THE LETTER

HEALTH CARE PROVIDER

ADDRESS

PHONE NUMBER

EMAIL ADDRESS