Doctors Practice Letterhead

To whom it may concern,

Medical Report
Re: Name and Surname
Your Address
Your date of birth

Date of doctor's visit:

I have examined Ms/Mr XXXX and can confirm that she/he is fit and well both physically and mentally to study a degree in Medicine Dentistry.

There is no evidence of history of any chronic diseases and no evidence of contagious diseases. This is to state that xxxxxx is a patient at our Practice. He/She is not on any prescribed medication.

As per his/her medical records he has no known medical conditions, contagious diseases or mental health conditions at the current time, and neither is there a previous history of any of these.

Mental state assessment did not reveal any cause for concern at this time either.

If you require any further information, please do not hesitate to contact me on……..
or……

Yours Sincerely,

Name

Signature Doctors Stamp if Applicable