

## LETTERHEAD OF DOCTOR OR MEDICAL CLINIC

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DATE:

Name: ( of patient )

D.O.B: ( of patient )

ADDRESS: ( of patient )

Dear Sir / Madam

The above patient was reviewed by me today, and found him/her to be in good health, free from contagious diseases and fit to travel to Saudi Arabia to perform Hajj and Umrah.

He / She has received Meningitis ( ACYW ) and the Flu Vaccine today.

Name of dr.

Signature of dr.

STAMP OF DR or MEDICAL CLINIC