

Medical Exemption Statement for Pre-Departure COVID-19 Testing

Date:

Patient Name:

Date of Birth:

Passport Number:

I, , am a licensed medical practitioner. I hereby state that, due to medical reasons, the above-named individual is exempt from pre-departure COVID-19 testing.

Reason for medical exemption:

Medical Practitioner Name:

Medical License Number:

Contact Details:

Signature: _____

Date:

Stamp/Seal: _____