

PHYSICIAN OFFICE LETTERHEAD

DATE

CLIENTS NAME

Mr/Mrs.....completed a medical examination for the Saudi Visa Requirement, on "(Date)". There were no skin or mucous membrane lesions to indicate MonkeyPox; and, no laboratory test was possible as there were no lesions to swab. He/She can be considered negative for MonkeyPox based on clinical examination.

SINCERELY,

SIGNATURE

PHYSICIAN'S NAME & TITLE

OFFICE/CLINIC/PHYSICIAN STAMP