[Name of Dr.’s Practice, e.g., *Kerrisdale Medical Clinic*]

 [Address of Dr.’s practice]

[Dr.’s Phone Number:]

[Dr.’s Fax Number:]

[Dr.’s Email Address:]

[Month, Day, Year]

[Name of CFE contact/coordinator]

[CFE Contact’s Address]

[CFE Contact’s Phone:]

[CFE Contact’s Fax:]

[CFE Contact’s Email:]

To whom this may concern/ Dear Mr./Mrs. [name of CFE contact/coordinator],

This letter is to certify that on this day, {Month, Day, Yeat], I, Dr. [First & last name of Physician] of [Name of City], BC, Canada have examined [Name of teacher candidate] and found them to be of sound physical and mental health, free of any communicable ailments, and thus fit to travel to [Name of Country].

[Dr’s Signature]

Dr. [Name of Doctor]