**[Physician’s Name]**  
[Clinic or Hospital Name]  
[Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]  
[Date]

**To Whom It May Concern,**

Re: **[Patient’s Full Name]**  
Date of Birth: **[MM/DD/YYYY]**

I am writing to certify that I am the physician for XYZ, who has been under my care since (date). He has been diagnosed with severe bronchitis and is experiencing persistent fever, difficulty breathing, and low blood oxygen saturation. In this condition, I strongly advise against any kind of travel until a full recovery has been made.

I recommend postponing any travel plans until at least two weeks, which is the expected time it would take XYZ to recover from the disease. This recommendation is a medical necessity and must not be overlooked.

For additional information or clarification regarding this recommendation, please do not hesitate to contact my office at (phone number).

Sincerely,

**[Physician’s Full Name, MD/DO]**  
[Specialty, e.g., Internal Medicine, Family Medicine]  
[License Number]  
[Signature]