

(Must be on attending physician's official letterhead that includes address and telephone number)

Date

I, (physician's full name), (physician's medical license or certificate number), (issuing state of medical license/certificate), am the attending physician of (name of patient), with whom I have a doctor/patient relationship.

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female).

*Or for two year passport for those whose transition is in process:*

(Name of patient) is in the process of gender transition to the new gender (specify new gender male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Signature of Physician

Typed Name of Physician