

**[University Letterhead]**

[Date]

[Applicant's Name]

[Applicant's Address]

[City, State ZIP Code]

Dear [Applicant's Name],

Congratulations! On behalf of the Admissions Committee, we are pleased to offer you **provisional admission** to the [Program Name], beginning in the [Term/Year] at [University Name].

Please note that your acceptance is **contingent upon fulfillment of our university health clearance requirements**. In accordance with our commitment to student well-being and campus safety, all incoming students must provide proof of health screenings, vaccinations, and/or other medical clearances as outlined below:

- Completed Health History Form
- Proof of Immunizations (e.g., MMR, Varicella, Meningococcal, Hepatitis B, Tdap)
- Tuberculosis (TB) screening results
- Any other required medical documentation or laboratory tests as specified by University Health Services

Please submit all required health documentation to the University Health Services Office by **[Deadline Date]**. Failure to comply with these requirements by the stated deadline may result in a delay or cancellation of your enrollment.

If you have any questions or need assistance regarding the health clearance, please contact University Health Services at **[Contact Email]** or **[Phone Number]**.

We look forward to welcoming you to the [University Name] community, and we are confident you will make a valuable contribution to our campus.

Sincerely,

[Admissions Officer Name]

[Title]

[University Name]

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Please retain this letter for your records. For questions about your admission status, contact **[Admissions Office Email/Phone]**.