

**[Physician's Letterhead/Clinic Name]**

[Address]

[Phone Number]

[Date]

**RE: Medical Clearance for Adoption**

**Patient Name:** [Applicant Name]

**Date of Birth:** [Date of Birth]

To Whom It May Concern,

I am a licensed physician currently treating [Applicant Name], who has been a patient under my care since [Date]. This letter is provided at the request of the patient for the purpose of an adoption home study and application process.

I recently performed a comprehensive physical examination on [Date]. Based on the clinical evaluation, medical history, and current health status, I am providing the following assessment:

- **Physical Health:** The patient is in good physical health and is free from communicable or contagious diseases.
- **Chronic Conditions:** [State "None" or list conditions and confirm they are well-managed].
- **Medications:** [State "None" or list current medications and their purpose].
- **Mental Health:** The patient shows no signs of emotional or mental instability that would impair their ability to parent.
- **Life Expectancy:** The patient has a normal life expectancy and possesses the physical and mental stamina required to care for and raise a child through adulthood.

In my professional medical opinion, [Applicant Name] is physically and mentally fit to adopt and provide a safe, stable environment for a child. There are no medical contraindications to this adoption.

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Signature of Physician]

[Printed Name of Physician]

[Medical License Number]

[State of Licensure]