

Physician's Letterhead

[Clinic Name]

[Address]

[Phone Number]

Date: [Current Date]**To:** [Adoption Agency Name or To Whom It May Concern]**Subject:** Health Assessment for [Patient's Full Name]**Patient Date of Birth:** [DOB]

To Whom It May Concern,

I am a licensed physician currently treating [Patient's Full Name]. I have been this patient's physician since [Date/Year]. This letter is provided at the request of the patient for the purpose of their adoption application.

On [Date of last exam], I performed a comprehensive physical examination. Based on my evaluation, I find the patient to be in good physical and mental health. There are no chronic medical conditions, communicable diseases, or physical limitations that would interfere with their ability to care for and provide a stable environment for a child.

Medical History Summary:

- Major Illnesses/Surgeries: [None / List if applicable]
- Current Medications: [None / List if applicable]
- Communicable Disease Screenings: [Results/Negative]
- Mental Health Status: [Stable/No concerns]

The patient's life expectancy is considered normal, and they have the physical stamina and emotional stability required for the responsibilities of parenthood.

In my professional opinion, [Patient's Name] is fit to adopt a child.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[State of Licensure]