

**Date:** [Insert Date]

**To:** [Insert Central Authority or Embassy Name]

**Address:** [Insert Address of Authority]

**Re:** International Adoption Medical Certification

To Whom It May Concern,

I, Dr. [Insert Physician Name], a licensed physician in [Insert State/Country], hereby certify that I have conducted a comprehensive physical and mental health examination of [Insert Applicant Full Name], born on [Insert Date of Birth].

Based on my clinical evaluation and review of medical history, I find that the applicant is in good physical and mental health. The applicant does not suffer from any contagious or chronic diseases that would interfere with their ability to care for a child.

**The examination included:**

- Physical Examination
- Review of Medical History
- Screening for Communicable Diseases (HIV, Hepatitis, Tuberculosis)
- Assessment of Mental and Emotional Stability

In my professional opinion, [Insert Applicant Full Name] is physically and mentally capable of fulfilling the responsibilities of a parent in an international adoption.

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

Sincerely,

[Signature of Physician]

**[Print Physician Name]**

**Medical License Number:** [Insert Number]

**Clinic Name:** [Insert Clinic Name]

**Address:** [Insert Clinic Address]

*[Place Notary Public Seal and Signature here if required by the destination country]*