

**Date:** [Date]

**To:** [Adoption Agency Name]

**Address:** [Agency Address]

**City, State, Zip:** [City, State, Zip]

**RE: Health Verification for [Applicant Full Name]**

To Whom It May Concern,

I am writing to provide a health verification for [Applicant Full Name], born on [Date of Birth], who is currently undergoing a home study for domestic adoption.

I have been the primary healthcare provider for [Applicant Full Name] since [Date/Year]. The applicant's most recent physical examination was conducted on [Date of Last Exam].

Based on my clinical evaluation and medical history, I find the applicant to be in good physical and mental health. There are no chronic conditions, communicable diseases, or physical limitations that would impair their ability to care for a child. Furthermore, the applicant is not currently taking any medications that would interfere with their cognitive or physical functioning.

In my professional opinion, [Applicant Full Name] has a normal life expectancy and possesses the physical and emotional stamina required to meet the demands of parenting an adopted child.

Please feel free to contact my office at [Phone Number] if you require any further information.

Sincerely,

[Physician Signature]

[Physician Printed Name], [Medical Title/Credentials]

[Medical Facility Name]

[License Number]

[State of Licensure]