

[Date]

[Adoption Agency Name]

[Agency Address]

[City, State, Zip Code]

**RE: Pediatric Medical Evaluation for [Child's Full Name]**

**Date of Birth: [Child's DOB]**

To Whom It May Concern,

I have performed a comprehensive medical evaluation of [Child's Name] on [Date of Examination] for the purpose of adoption processing. This evaluation included a review of available medical records, a physical examination, and developmental screening.

**Physical Examination Findings:**

The child's height, weight, and head circumference are currently at the [Percentile] percentile for their age. The physical examination revealed the following: [Note "Normal" or list specific clinical findings].

**Developmental Assessment:**

Based on age-appropriate screening, the child is meeting [Gross Motor / Fine Motor / Language / Social] milestones. [Note any delays or concerns if applicable].

**Medical History & Immunizations:**

The child's immunization status is [Current / Incomplete]. To my knowledge, the child has the following chronic conditions or history of illness: [List conditions or state "None"].

**Recommendations:**

Based on this evaluation, I recommend the following follow-up care: [List specialist referrals or "None"].

**Physician Statement:**

In my professional opinion, [Child's Name] is [Physically and Mentally Fit / Fit with specific needs] for adoption placement. There are no medical contraindications to adoption at this time.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]