

[Physician's Letterhead]

[Doctor's Name/Clinic Name]

[Address]

[Phone Number]

[Email]

Date: [Date]

To: [Name of Adoption Agency/Social Services]

Re: Medical Fitness for Foster-to-Adopt Application

Patient Name: [Applicant's Full Name]

Date of Birth: [Applicant's DOB]

To Whom It May Concern,

I am a licensed physician currently treating [Applicant's Name]. I have been providing medical care for this patient since [Date/Year].

On [Date of Most Recent Exam], I performed a comprehensive physical examination of the applicant. Based on this evaluation and my knowledge of their medical history, I find the patient to be in good physical and mental health.

Specifically, I can confirm the following:

- The patient is free from any communicable diseases that would pose a risk to a child.
- The patient does not have any chronic medical conditions that would interfere with their ability to provide consistent care, supervision, and parenting for a child.
- The patient's current medications (if any) do not impair their cognitive or physical functioning.
- The patient has a normal life expectancy and is capable of meeting the long-term demands of parenthood.

In my professional opinion, [Applicant's Name] is medically fit to foster and adopt a child and can handle the associated physical and emotional responsibilities.

Please contact my office if you require any further information.

Sincerely,

[Physician's Signature]

[Physician's Printed Name]

[Medical License Number]

[State of Licensure]