

[Physician Name/Clinic Name]

[Address Line 1]

[Address Line 2]

[Phone Number]

[Date]

To: [Adoption Agency Name or Central Authority]

Re: Medical Readiness for Special Needs Adoption

Prospective Adoptive Parent(s): [Name of Parent 1] & [Name of Parent 2]

Date of Birth: [DOB 1] & [DOB 2]

To Whom It May Concern,

I am the primary care physician for [Prospective Parent Names]. I have conducted a thorough medical evaluation of the applicants to determine their physical and mental fitness to adopt a child with special needs.

Based on my examination and medical history review, I can confirm the following:

- The applicants are in good physical health and have a normal life expectancy.
- There are no chronic medical conditions that would interfere with their ability to provide long-term care for a child.
- The applicants are emotionally and mentally stable, demonstrating the resilience required for the challenges of special needs parenting.
- They have demonstrated a clear understanding of the specific medical or developmental needs they are open to and have a plan for accessing necessary specialist care.

In my professional opinion, [Prospective Parent Names] are medically fit and fully capable of meeting the physical, emotional, and medical demands associated with adopting and raising a child with special needs.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[License Number]

[State of Licensure]