Date: [Date]

To: [Foster Care Agency Name]
Re: Medical Evaluation for [Applicant Full Name]
Date of Birth: [Applicant Date of Birth]

To Whom It May Concern,

I am writing this letter to provide a medical evaluation for [Applicant Full Name], who is currently applying to become a foster parent. I have been the applicant's primary care physician since [Date/Year].

The applicant underwent a comprehensive physical examination on [Date of Exam]. Based on this evaluation, my findings are as follows:

- **General Health:** The applicant is in good physical and mental health.
- **Chronic Conditions:** [List any conditions or state "None"].
- **Communicable Diseases:** The applicant shows no signs of active communicable diseases that would pose a risk to children.
- **Medications:** [List medications or state "None"]. These medications do not impair the applicant's ability to care for children.

In my professional opinion, the applicant is physically and mentally capable of caring for children in a foster care setting. They do not possess any medical limitations that would prevent them from providing a safe and stable environment.

If you require any further information, please feel free to contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Printed Name, MD/DO]
[Medical License Number]
[Clinic/Practice Name]
[Address]
[Phone Number]