[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

RE: Medical Clearance for Foster Placement

To Whom It May Concern,

This letter is to certify that **[Patient Name]**, date of birth **[DOB]**, underwent a comprehensive physical examination at this clinic on **[Examination Date]**.

Based on the medical history provided and the clinical findings of the physical exam, I find the patient to be in good physical and mental health. The patient is currently free from any communicable diseases that would pose a risk to others.

At this time, there are no medical contraindications or physical limitations that would interfere with the patient's ability to provide adequate care and supervision for a child in foster placement. The patient's chronic conditions (if any) are currently well-managed and stable.

Summary of Health Status:

- Immunizations: [Up to date / See attached records]
- Tuberculosis (TB) Status: [Negative / Clear]
- Current Medications: [None / List Medications]

If you require any additional information or have further questions, please do not hesitate to contact our office.

Sincerely,

_____
[Physician Name, MD/DO/NP/PA]
[License Number]
[Clinic Stamp]