Date: [Insert Date]

To: [Foster Care Agency Name]
Address: [Agency Address]
City, State, Zip: [City, State, Zip Code]

RE: Letter of Health Status for [Child's Full Name]

To Whom It May Concern,

I am writing to provide a summary of the health status for **[Child's Full Name]**, Date of Birth: **[Child's Date of Birth]**, who is currently under my medical care. The child was last examined on **[Date of Last Exam]**.

General Physical Health:
The child is currently in [Good/Fair/Stable] physical health. All vital signs are within normal limits for their age. Growth and developmental milestones are [On Track/Delayed/Being Monitored].

Immunization Status:
The child's immunizations are [Up to Date/In Progress/Not Up to Date].

Chronic Conditions and Allergies:
The child has the following known medical conditions: [List Conditions or state "None"].
The child has the following known allergies: [List Allergies or state "None"].

Current Medications:
The child is currently prescribed the following medications:

- [Medication Name, Dosage, and Frequency]
- [Medication Name, Dosage, and Frequency]

(If no medications are prescribed, please state "None".)

Recommended Follow-up Care:
The child requires the following upcoming appointments or specialist evaluations: [List Appointments or state "None"].

Physician's Statement:
Based on the most recent evaluation, the child is medically stable for placement in a foster care setting. There are [No/Specific] restrictions on the child's physical activities or dietary needs.

If you require further medical records or have specific questions regarding this child's health, please contact my office at [Phone Number].

Sincerely,

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