Date: [Date]

To: [Foster Care Agency Name]
Attention: [Caseworker Name]
Address: [Agency Address]

RE: Medical Clearance for Foster Care Placement

Patient Name: [Child's Full Name]
Date of Birth: [Child's Date of Birth]

To Whom It May Concern,

I am the attending physician for the above-named child. I am writing to provide a summary of the child's health status regarding their placement into foster care.

Medical History:
The child was last examined on [Date of Last Exam]. Based on this examination and a review of their medical records, the child is currently in [stable/fair/acute] health.

Chronic Conditions and Allergies:
[List any chronic illnesses, e.g., Asthma, Diabetes, or state "None"]
[List any known allergies, e.g., Nut allergy, Penicillin, or state "No known allergies"]

Medications:
The child is currently prescribed the following medications:
[List medication names, dosages, and frequencies, or state "None"]

Immunization Status:
The child's immunizations are currently [up-to-date / behind schedule].

Special Needs or Recommendations:
[Describe any specific medical equipment, therapy requirements, or physical limitations, or state "No special requirements at this time"]

In my professional opinion, the child is medically cleared for placement in a foster home. Please contact my office at [Phone Number] if you require further documentation or have additional questions.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Hospital Name]
[License Number]