[Physician Name/Medical Clinic Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Adoption Agency Name or Relevant Authority]
[Agency Address Line 1]
[Agency Address Line 2]

RE: Medical Certification for Child Placement

To Whom It May Concern,

I, Dr. [Physician Full Name], am a licensed [Specialty, e.g., Pediatrician] currently practicing at [Clinic/Hospital Name]. I am providing this medical certification regarding [Child's Full Name], born on [Child's Date of Birth].

I performed a comprehensive physical examination of the child on [Date of Examination]. Based on this evaluation and a review of available medical history, I certify the following:

1. General Health Status: The child is currently in [Excellent/Good/Fair] health.
2. Immunizations: The child's immunizations are [Up-to-date / Scheduled as follows].
3. Communicable Diseases: At the time of examination, the child shows no clinical signs of contagious or communicable diseases that pose a risk to public health.
4. Chronic Conditions: [List any chronic conditions or state "None identified"].
5. Developmental Progress: [Brief statement on age-appropriate development].

In my professional opinion, [Child's Name] is medically cleared for placement in an adoptive home. There are no medical contraindications to this placement at this time.

Please contact my office if you require any additional medical records or clarification.

Sincerely,

[Signature]
[Physician Name, MD/DO]
[Medical License Number]
[State/Country of Licensure]