Date: [Date]

To: [Adoption Agency Name]
Address: [Agency Address]
City, State, Zip: [City, State, Zip]

RE: Pediatric Health Clearance for Adoption Placement

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

To Whom It May Concern,

I am a licensed pediatrician and have been the primary healthcare provider for [Child's Name] since [Date]. I am writing this letter to provide a formal health clearance regarding the child's physical and developmental status for the purpose of adoption placement.

The child's most recent comprehensive physical examination was conducted on [Date of Last Exam]. Based on this examination and a review of the child's medical records, I can confirm the following:

- **Physical Health:** The child is in good physical health and is meeting expected growth milestones for their age.
- **Immunizations:** The child's immunizations are current according to the CDC and AAP recommended schedules.
- **Developmental Status:** The child is meeting age-appropriate developmental milestones (gross motor, fine motor, speech/language, and social/emotional).
- **Chronic Conditions:** [State "None" or list any managed chronic conditions/medications].
- **Communicable Diseases:** To the best of my knowledge, the child is free from any contagious or infectious diseases that would pose a risk to others.

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

If you require further medical information or have specific questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, M.D./D.O.]
[Medical Practice Name]
[License Number]
[Phone Number]