[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

To Whom It May Concern:

This letter is to certify that I have conducted a comprehensive medical evaluation of **[Applicant Full Name]**, born on **[Date of Birth]**, residing at **[Applicant Address]**.

The medical examination included a review of the patient's medical history, physical examination, and [List any specific tests: e.g., blood work, TB screening, chest X-ray].

Based on the results of this evaluation, I find the applicant to be in good physical and mental health. There is no evidence of chronic illness, infectious disease, or any physical or psychiatric condition that would impair their ability to care for a child.

Furthermore, the applicant's life expectancy is deemed normal, and they are not currently taking any medications that would interfere with their parental responsibilities.

In my professional opinion, **[Applicant Full Name]** is medically cleared and fit to proceed with the child adoption process.

Sincerely,

[Signature of Physician]
[Printed Name of Physician]
[Medical License Number]
[Clinic Stamp]