Date: [Date]

To: [Adoption Agency Name/Legal Authority]
Address: [Agency Address]

RE: Medical Evaluation for Child Placement

Child's Name: [Child's Full Name]
Date of Birth: [Child's DOB]
Case Number: [Reference Number]

To Whom It May Concern,

I, Dr. [Physician Name], have completed a comprehensive medical evaluation of the child named above on [Date of Examination]. The purpose of this evaluation was to determine the child's current health status and suitability for placement with [Prospective Adoptive Parent(s) Names].

Medical History and Physical Findings:
Based on the physical examination, review of available medical records, and developmental screening, my findings are as follows:

- **Physical Health:** [Summary of physical health, e.g., child is in good health/has manageable conditions]
- **Immunization Status:** [Up to date / In progress]
- **Developmental Milestones:** [Appropriate for age / Delays noted]
- **Ongoing Treatments:** [List medications or therapies, or state "None"]

Recommendations:
[Include specific recommendations for follow-up care, specialist referrals, or environmental needs].

Conclusion:
In my professional opinion, the child is medically stable for placement. [Add any specific notes regarding the adoptive parents' ability to meet the child's specific medical needs].

If you require further information or have questions regarding this report, please contact my office at [Phone Number].

Sincerely,

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