Date: [Insert Date]

To: [Adoption Agency Name/Relevant Authority]
Address: [Agency Address]
Re: Pre-Placement Health Certification for [Child's Full Name]

To Whom It May Concern,

I, Dr. [Physician Name], a licensed physician specializing in [Specialty, e.g., Pediatrics], have performed a comprehensive medical examination of the minor child identified below for the purpose of adoption pre-placement certification.

Child's Information:

- **Full Name:** [Child's Full Name]
- **Date of Birth:** [Child's DOB]
- **Gender:** [Gender]
- **Place of Birth:** [City/Country]

Examination Findings:

Based on the clinical examination conducted on [Date of Exam], review of available medical history, and laboratory results, I certify the following:

1. The child has been screened for communicable and infectious diseases.
2. Immunizations are [up-to-date / in progress according to the following schedule].
3. The child's physical and developmental growth is [normal for age / requires the following interventions].
4. The child is currently [free of / being treated for] chronic medical conditions.

Physician's Conclusion:

At this time, the child is determined to be in [Excellent/Good/Stable] health. I find the child physically fit for placement within an adoptive home, subject to the following recommendations: [Insert any specific care needs or "None"].

I declare under penalty of perjury that the information provided above is true and accurate to the best of my professional knowledge.

Sincerely,

(Signature)
[Physician's Printed Name]
Medical License Number: [License #]
Clinic/Hospital: [Facility Name]
Contact Information: [Phone/Email]

[Official Medical Stamp/Seal]