Date: [Insert Date]

To: [Adoption Agency Name]
Address: [Agency Address]
Re: Letter of Medical Suitability for Adoption

To Whom It May Concern,

I, Dr. [Physician Name], am a licensed physician practicing at [Clinic/Hospital Name]. I have been the primary healthcare provider for [Patient Name] (Date of Birth: [DOB]) since [Date].

On [Date of Examination], I conducted a comprehensive physical examination and reviewed the medical history of [Patient Name]. Based on this evaluation, I can confirm the following:

- The patient is in good physical and mental health.
- The patient is free from any communicable or contagious diseases.
- There are no chronic medical conditions or physical limitations that would impede their ability to care for a child.
- The patient has a normal life expectancy.

In my professional medical opinion, [Patient Name] is physically, mentally, and emotionally stable and is fit to assume the responsibilities of parenthood through adoption. I find no medical contraindications to the placement of a child in their home.

If you require any further information or have specific questions regarding this medical assessment, please feel free to contact my office.

Sincerely,

[Signature of Physician]
[Printed Name of Physician]
[Medical License Number]
[Contact Information/Phone Number]

[Office Stamp/Seal]