Date: [Date]

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

RE: Medical Certification for [Patient Full Name]

To Whom It May Concern,

I am writing this letter at the request of [Patient Name], born on [Date of Birth], who is currently undergoing a medical evaluation for the purpose of adoption. I have been the attending physician for this patient since [Year/Date].

My records indicate that the patient's physical and mental health history is as follows:

- **Current Health Status:** [Describe current health, e.g., Excellent/Good/Stable]
- **Chronic Conditions:** [List conditions or state "None"]
- **Current Medications:** [List medications or state "None"]
- **Communicable Diseases:** I certify that the patient [is/is not] free from communicable or infectious diseases that could pose a risk to a child.

Based on my most recent examination conducted on [Date of Last Exam], it is my professional medical opinion that [Patient Name] is in good physical and mental health. They are physically capable of caring for a child and have a normal life expectancy. I find no medical contraindications that would prevent them from fulfilling the responsibilities of parenthood.

If you require any further information or clarification, please do not hesitate to contact my office.

Sincerely,

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