Date: [Date]

To: [Adoption Agency Name]
Address: [Agency Address]
Re: Clinical Health Assessment for Adoptive Placement

Patient Name: [Applicant Full Name]
Date of Birth: [Applicant Date of Birth]

To Whom It May Concern,

I am a licensed physician currently treating [Applicant Name]. I have performed a comprehensive clinical health assessment to evaluate the applicant's physical and mental suitability for adoptive parenthood.

Medical History and Physical Examination:
The applicant underwent a physical examination on [Date of Exam]. Based on my review of their medical records and current clinical findings, the applicant is in [Good/Excellent] physical health. There are no chronic conditions that would impair their ability to provide consistent care for a child.

Mental and Emotional Health:
During the assessment, I observed no signs of clinical depression, anxiety, or other mental health disorders that would interfere with parenting responsibilities. The applicant demonstrates emotional stability and the psychological capacity required for adoption.

Communicable Diseases:
The applicant has been screened for communicable diseases (including Tuberculosis). All results were negative, and the applicant poses no health risk to a child.

Medications:
The applicant is currently [not taking any medications / taking the following medications: List Medications]. These medications do not affect the applicant's cognitive or physical functioning.

Physician's Recommendation:
In my professional medical opinion, [Applicant Name] is physically, mentally, and emotionally capable of caring for a child. I find no medical contraindications to them being approved for adoptive placement.

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Signature]
[Physician Name, MD/DO]

[Medical License Number]
[Clinic/Hospital Name]