[Date]

[Medical Clinic/Hospital Name]
[Physician Name, MD/DO]
[Address]
[Phone Number]

RE: Physical Health Certification for [Child's Full Name]

To Whom It May Concern,

I, **[Physician's Name]**, a licensed physician in the state of **[State]**, hereby certify that I have performed a comprehensive physical examination of **[Child's Full Name]**, born on **[Child's Date of Birth]**, on the date of **[Date of Exam]**.

Based on the clinical examination, laboratory results, and medical history reviewed, I find the child to be in:

[ ] Excellent Health
[ ] Good Health
[ ] Stable Health (with managed conditions)

Current Findings:

- **Height:** [Measurement]
- **Weight:** [Measurement]
- **Immunization Status:** [Up to date / In progress]
- **Chronic Conditions:** [None / List conditions]
- **Communicable Diseases:** At the time of examination, the child shows no signs of contagious or communicable diseases.

In my professional opinion, the child is physically fit for adoption and placement. Any necessary ongoing medical treatments or follow-up care have been disclosed to the prospective adoptive parents.

If you require any further information or medical records, please contact my office.

Sincerely,

_____
[Physician's Signature]
[License Number]
[Official Stamp/Seal]