

SAMPLE

Medical Certificate

THE REPORTING PHYSICIAN MUST INDICATE THAT HE/SHE FINDS YOU IN GOOD PHYSICAL AND MENTAL HEALTH AND THAT HE/SHE RECOMMENDS YOU AS AN ADOPTIVE PARENT.

Sometimes the doctor will give a report where different boxes are checked off for the different areas in which they find you healthy.....the below language still needs to appear as a statement from the doctor.

Each person living in your home over 18 years old must complete this form on your doctor's letterhead. NOTE: We recommend that all members of the household get a medical report done. The report should never look like a form letter where several boxes are checked off. Follow this sample verbatim.

To Whom It May Concern:

_____ has been my patient for ____years. I have seen him/her for a physical on _____ I find him/her to be in good physical health. He/She has no communicable diseases. He/She is also mentally and emotionally healthy. He/She has a normal life expectancy. I would recommend him/her as an adoptive parent. If you have any further questions, please contact me.

Signed: _____ License# _____ Date: _____

PHYSICIAN'S NAME: (PRINT CLEARLY)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Notary

STATE OF: _____ **COUNTY OF:** _____

Sworn and subscribed before me this _____ day of _____ in the year of 20____ by

_____ who is personally known to me _____ OR
who produced a driver's license for identification _____ Driver's license number _____

Notary Signature: _____

My Commission Expires: _____