DOCTOR'S CERTIFICATE OF HEALTH ADOPTIVE PARENTS

1,		, have examined
Print Physician's Name		
	on	and have
	Insert Date of	f Exam
found the proposed adoptive parent to	be in good physical and menta	l health and without any
disabilities which might interfere with	the rearing of the adoptive chi	ld.
Additional comments:		
Physician's Signature - P	lease print name, address & te	lephone # below

DOCTOR'S CERTIFICATE OF HEALTH ADOPTIVE CHILD

I,		, have examined
Print Physician's 1	Name	
or	1 Insert Date of Exam	and have found the
Proposed adoptive child to be in good	d physical and mental healt	h and without any disabilities
which might interfere with the child's	adoption.	
Additional comments:		
Physician's Signature - F	Please print name, address	& telephone # helow
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