

DOCTOR'S CERTIFICATE OF HEALTH  
ADOPTIVE PARENTS

I, \_\_\_\_\_, have examined  
Print Physician's Name

\_\_\_\_\_ on \_\_\_\_\_ and have  
Insert Date of Exam

found the proposed adoptive parent to be in good physical and mental health and without any disabilities which might interfere with the rearing of the adoptive child.

Additional comments:

\_\_\_\_\_  
*Physician's Signature - Please print name, address & telephone # below*

DOCTOR'S CERTIFICATE OF HEALTH  
ADOPTIVE CHILD

I, \_\_\_\_\_, have examined  
Print Physician's Name

\_\_\_\_\_ on \_\_\_\_\_ and have found the  
Insert Date of Exam

Proposed adoptive child to be in good physical and mental health and without any disabilities  
which might interfere with the child's adoption.

Additional comments:

\_\_\_\_\_  
*Physician's Signature - Please print name, address & telephone # below*