



CHILD'S MEDICAL CERTIFICATE

To: Sunshine State Adoption and Home Study Services

Date:

Regarding (Child's Name): _____ DOB: _____

_____ is a current patient found upon examination on the date to be free of illness, communicable diseases, or other condition that presents a health risk to a child in the home. Further, this patient is current on all immunizations.

Signature of Licensed Health Care Professional License Number Date

Printed Name of Licensed Health Care Professional