



## CHILD'S MEDICAL CERTIFICATE

To: Sunshine State Adoption and Home Study Services

Date: \_\_\_\_\_

Regarding (Child's Name): \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ is found, upon examination, on this date to be free of:

- Illness  YES  NO
- communicable diseases  YES  NO  UNKNOWN/UNABLE TO DETERMINE
- other condition that presents a health risk to a child in the home  YES  NO

The patient is current on all immunizations  YES  NO  UNKNOWN/UNABLE TO DETERMINE

Additional Info/Details: \_\_\_\_\_

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Signature of Licensed Health Care Professional

License Number

Date

Printed Name and Address of Licensed Health Care Professional