Forever Families Home Study Agency, Inc.
P.O. Box 1195
Goldenrod, Florida 32733-1195
(407) 977-8639
Foreverfamilies@Bellsouth.net

MEDICAL CLEARANCE FORM

Name: _____ Date of Birth: _____

Address: _____

_____

Date of Examination: _____

I certify that the above-named person was examined by me on the above date and found free from any communicable disease and that there is no medical condition that would preclude the patient becoming an adoptive parent.

_____ _____
Signature of Doctor Date

_____
Printed Name

_____
Street Address

_____
City State Zip Code

_____
Phone Number