Forever Families Adoption Services, Inc.
1155 S. Semoran Blvd.
Suite 1150
Winter Park, Florida 32792
Phone: (407) 977-8639
Fax: (407) 374-1771
Foreverfamiliesadoptions.org

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 medical condition that would preclude the patient becoming an adoptive or custodial parent.

_____ _____
Signature of Doctor **Date**

_____
Printed Name

_____
Street Address

_____
City **State** **Zip Code**

_____
Phone Number