

MEDICAL STATEMENT

TO: Beaver County Children and Youth Services
c/o _____
Human Services Building
1080 Eighth Avenue
Beaver Falls, Pennsylvania 15010

FROM: _____

Re: _____

This is to certify that the above named person is in good physical and mental health and is free from communicable disease. I am familiar with this person and do not know of any reason why he/she should not have a foster/adoptive child placed in his/her home.

Date

Signature of Physician

Please add any additional comments below. Thank you.

