

MEDICAL CERTIFICATE AS TO HEALTH OF APPLICANT (S)

I examined on
..... and have forward the opinion that he/she is
physically, mentally and emotionally suitable to adopt a child.

Date: Signature.....
Qualifications.....
Address.....

I examined on
..... and have formed the opinion that he/she is
physically, mentally and emotionally suitable to adopt a child.

Date: Signature.....
Qualifications.....
Address.....