

PHYSICAL EXAMINATION FOR FOSTER AND/OR ADOPTIVE APPLICANTS

(TO BE COMPLETED AT INITIAL APPLICATION AND RENEWAL)

Applicant's Name _____ Date of Birth _____

Address _____

The above-named person has applied to the Department of Human Resources to become an approved foster and/or adoptive parent. A physical examination must be completed on all persons applying to become foster and/or adoptive parents in order to determine if their present and future health will allow them to take on the care and responsibility of a child. **Physician, please print or type and return the completed form directly to:**

_____ County Department of Human Resources

AUTHORIZATION TO RELEASE INFORMATION

Dr. _____:

You are hereby authorized to provide the Department of Human Resources all information you have regarding my health, including history obtained, findings of the physical examination, and any diagnoses.

Applicant's Signature _____ Date _____

I. GENERAL MEDICAL FINDINGS

Briefly describe the applicant's medical history including any disabilities and treatment.

Height _____ Weight _____ Pulse _____

Respiration _____ Blood Pressure _____

General Appearance _____

Eyes-Vision _____

(Record any abnormalities)

Ears-Hearing _____

(Record any abnormalities)

Nose, Throat, Sinuses _____

(Record any abnormalities)

Heart _____

Lungs _____

Genito-Urinary and Gynecological _____

Abdomen _____

Extremities _____

Nervous System _____

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II. LABORATORY FINDINGS

Urinalysis _____

Blood Count (if indicated) _____

Serology _____

T.B. Skin Test _____

Any Special Procedures _____

III. MEDICATIONS List all medications being taken by the applicant and why they are prescribed.

IV. CAPACITY TO PARENT Based on your examination and knowledge of this person, do you believe the applicant has the physical, mental and emotional condition to take on the care and responsibility of a child?

☐ No ☐ Yes Please elaborate.

Name (Please print or type) _____

Signature _____, M.D. **Date** _____

Address & Phone No. _____
