

Medical Risks in Domestic Adoption

I/We _____ and _____

Understand that there are various medical conditions and medical risks in domestic adoptions, including but not limited to the following conditions:

Salmonella	Tuberculosis	Hepatitis A, B, C, and D
Milk Intolerance	Scabies/Lice	Parasites
Pneumonia	Chronic infections	Depression
Developmental delays	Vision problems	Hearing problems
*Decayed teeth	Learning disabilities	*Malnutrition
HIV positive	*Physical Abuse	*Sexual Abuse
Undiagnosed Genetic Problems	Retardation	Chronic ear/sinus infection
Fetal Alcohol Syndrome or Effects	Mental Deficiency	Premature Birth
Complications of Prematurity	Attachment Disorder	Hernias
*Post Traumatic Stress Disorder	*Post Institutional Care Symptoms	

I/We have been fully informed about the risks inherent in domestic adoption due to unknown birth parents, lack of information, and/or unreliable testing. I/We understand that I/we will receive all information and medical diagnosis that has been provided by the hospital, pediatrician, and the birthparent/s for the child/ren referred to me/us. I/We have the opportunity to discuss medical, emotional and psychological risks with a physician of our choice and have the right to have the child/ren examined and tested by a physician of our choice should I/we choose to do so. I/We acknowledge, understand and accept the medical policy of Adopt International and hold them harmless for diseases and conditions that cannot be diagnosed with reliability.

Parent #1 Signature

Date

Parent #2 Signature

Date