

MEDICAL REPORT
(Confidential)

To Examining Physician:

I have applied to the Department of Human Services to:

- ☐ care for foster children ☐ adopt a child
- ☐ care for children in my home for part of a day

I request that information on my physical examination be given to the Department to help them to evaluate my ability to care for children.

Please complete every item or indicate "none" or "not applicable" where appropriate. When completed, please sign and return the form to the address shown on the back of this sheet.

Signature of Applicant

Printed name of Applicant

Address

Height: _____ Weight: _____ Blood Pressure: _____
Within normal limits ____ Yes ____ No

Tuberculin Test: _____
Date Result

History of sexually transmitted diseases: _____ Yes _____ No

If yes, present status? _____

Please state any significant history regarding the following which would affect the applicant's ability to care for children:

Chronic or handicapping emotional or physical condition: _____

Communicable disease: _____

Drug Abuse: _____

Other illness: _____

In your opinion, is the applicant able to cope with the responsibilities of caring for children: _____

Is there any information on the health history or other factors in the members of the applicant's household which might affect the care of children?

If the applicant is applying to adopt a child, please indicate reason for childlessness: _____

Date of examination: _____

Examined by: _____
(Signature of Physician) Telephone

(Printed name of Physician)

Please return report to applicant or mail to: Adopt International
1000 Brannan Street, Suite 301
San Francisco, CA 94103