

Medical exam of child or other adults in the home

Patient: _____ **DOB:** _____

Have your exams revealed any evidence of past or present abuse? Yes or No

If yes, please explain: _____

Does your exam reveal any evidence of past or present disease? Yes or No

If yes, please explain: _____

Is this patient currently prescribed any medication? Yes or No

If yes, what medication? _____

If under 18, is this patient up to date on immunizations? Yes or No

If no, please explain: _____

Is there any medical reason that this patient should not be in a home where a child is being adopted? Yes or No

If yes, please explain: _____

Please give any additional medical information you deem necessary:

Date of report: _____ Signed: _____

Please print name **clearly**: _____

Address: _____

Phone: _____