



MEDICAL REPORT ON CHILD

TO THE PHYSICIAN, PHYSICIAN'S DESIGNEE, OR LOCAL HEALTH DEPARTMENT OFFICIAL:

Please send the following information about my child's history and current health to the above named agency, with whom I am considering the fostering and/or adoption of a child. If the agency needs to consult with you for further understanding, I authorize you to discuss any pertinent details with the agency representative.

(Signature of Applicant/Resource Parent)

(Date)

Name: _____ D.O.B. _____

Address: _____ Phone: _____

Worker's Name: _____

SIGNIFICANT MEDICAL HISTORY:

Physical

Major Illnesses (with dates)

Major Operations (with dates)

Disabilities

Therapeutic Services (with dates)

Hospitalizations (with dates)

CURRENT PHYSICAL EXAMINATION

Weight _____ Height _____ Blood Pressure _____

Impressions of general health: (Please check appropriate line)

_____ Patient is free from communicable and contagious disease.

_____ Patient is not free from communicable and contagious disease.

In so far as you are able to determine, is the patient in sufficiently good physical and mental health as to not jeopardize the health and safety of any foster child placed in his/her home?

Yes _____ No _____

If not, please give comments or recommendations: _____

Tuberculosis: Physician: Please indicate whether the household member is free from Tuberculosis in a communicable form and include the type(s) of test(s) used and the results. Please select the one most appropriate option.

TB Screening: A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

TB Tine test: Test results _____ Date Given _____ Date Read _____

Chest X-ray: on (date) _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease

The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

I have known the patient since: _____

Additional Comments: _____

I certify that I evaluated the physical condition of _____
on _____.
(Date)

Name of Licensed Physician/Licensed Physician
Designee's or Local Health Dept. Official (**Please Print**)

Signature of Licensed Physician/Licensed Physician
Designee's or Local Health Dept. Official

Phone: _____

Address: _____

Date: _____