RP – 203a

MEDICAL REPORT ON RESOURCE/ADOPTIVE PARENT

TO THE PHYSICIAN, PHYSICIAN'S DESIGNEE, OR LOCAL HEALTH DEPARTMENT OFFICIAL:
Please send the following information about my medical history and current health to the above named agency. If the agency needs to consult with you for further understanding, I authorize you to discuss any pertinent details with the agency representative.

Name: _____ _____
(Signature of Applicant)

Address: _____ _____
(Date)

Phone: _____ _____
(D.O.B.)

SIGNIFICANT MEDICAL HISTORY:

Major Illnesses (with dates) _____

Major Operations (with dates) _____

Disabilities _____

Therapeutic Services (with dates) _____

Current medications _____

Hospitalizations (with dates) _____

CURRENT PHYSICAL EXAMINATION

Weight _____ Height _____ Blood Pressure _____

In so far as you are able to determine, is the patient in sufficiently good physical and mental health to assume responsibility for the care of a child and not jeopardized the child's health and safety?
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.

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.

I have known the patient since: _____

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: _____

Please return this form to _____
Agency Worker

Revised 11/13/15