



A PROGRAM OF JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC.

MEDICAL REPORT

To examining physician:

Our client is completing a home study for the purpose of adoption. Our agency is requesting a complete report on his/her physical condition. It is important for us to know of any health factors which may affect this person's ability to raise a child to adulthood.

Name _____ DOB _____
Date of examination _____ Name of physician _____
Height _____ Weight _____ Vision _____
Lungs _____ Blood pressure _____ Heart _____

Results of physical examination _____

Is this person free from communicable disease? _____
Date of Tuberculosis test _____ Type of Test _____ Results _____

Table with 2 columns: Conditions being treated, Treatments/medications

Medical history of patient: (Check and give dates when possible)

Asthma _____ Ear disorders _____
Allergies _____ Tendency to colds _____
Epilepsy _____ Pneumonia _____
Hepatitis _____ Rheumatic fever _____
Meningitis _____ Diabetes _____
Tuberculosis _____ Ulcers _____
Mental illness _____ Cancer _____
Heart problems _____ Other medical conditions _____
Accidents _____

Operations: _____

Dates: _____

Comments on prognosis for continued health _____

Is there any evidence of other illnesses or disabilities that might limit this person's activity, or make it impossible for him/her to care for a child for a number of years?

Physician's signature _____

Physician's name printed _____

Address _____

Telephone _____

Date _____