



AdoptionLinks

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 _____

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 _____