MEDICAL REPORT OF PROSPECTIVE ADOPTIVE PARENT

AGENCY: Hope Embraced Adoption Agency	TELEPHONE NUMBER: 864-641-8142	DATE ISSUED:

NAME OF PROSPECTIVE ADOPTIVE PARENT:	ADDRESS OF PROSPECTIVE ADOPTIVE PARENT:

I hereby request and authorize my physician to release the following information to the agency named above.

SIGNATURE OF ADOPTIVE APPLICANT:
X

TO PHYSICIAN:
The above-named parent has applied to adopt a child. A medical report and your interpretation of it are needed by the adoptive staff and the agency's medical advisors. Our serious responsibility is to select adoptive parents whose general health and emotional stability would enable them to give the child a satisfying life.

Section A. MEDICAL HISTORY

Past History of Illness – Diagnosis and Date

Surgery – Specify and Indicate Date:

Accidents:

Hospital or Sanitarium Care – Other than above:

Section B. PHYSICAL EXAMINATION

Temperature:	Pulse:	Weight:	Height:	Blood Pressure:

Eyes:	Vision:	Hearing:

Lungs:		If XRay is needed -Date and results of X-ray:	

Section C. LABORATORY TESTS

Date These Tests Were Last Given	Last Pap Date & Results:	PPD – Date Done	Date and Results:

Any Communicable Diseases, including Hepatitis, HIV and Tuberculosis?

Section D. GENERAL		
Impression of general health and vitality level:		
Does patient appear to have normal life expectancy: _____YES _____NO		
If No, state nature of problem		
Is patient on any regular medication or was any recommendation for medical care made to patient? _____ YES _____ NO If YES, please explain:		
How long have you known the patient professionally?		
From your experience with the patient, are there any additional comments? AND would you see any health and/or mental problem, or physical challenge that would hinder them or cause problems with them being an adoptive parent?		
Physician's Signature: *X*	Telephone Number:	Date Signed:
Physician's Printed Name: Address:		

RETURN COMPETED REPORT TO:

HOPE EMBRACED ADOPTION AGENCY 209 LENDERMAN DRIVE, INMAN, SC 29349 OR
HopeEmbracedAdoptions@gmail.com