

Physician's Report for an Adoptive Applicant

Applicants must provide medical history and a recent physical examination to substantiate that they are able to undertake and follow through with the responsibilities of parenthood. Applicants are expected to have reasonable mental and physical health as well as reasonable life expectancy, and must have the emotional and physical ability to care for and support a family. Please print legibly.

- *Part A - Applicant*
- *Part B - Physician*

Part A: Applicants are asked to fill out the this section and to sign the Undertaking for Medical Report

Name: _____
Surname First Name Middle Name or Initial

Address: _____
Box or Street # and Description City/Town Postal Code

Date of Birth: _____ Gender: _____ Phone: _____

Undertaking for Medical Report

I, the above named, hereby:

1. *Authorize any physician who has observed or attended me, or any hospital where I have been a patient, to give full information about my physical and mental health, including history, consultation reports, findings and diagnosis;*
2. *Attest that I will provide and cannot conceal any information as required by my doctor in furnishing this medical report; and*
3. *Understand that medical information about me will be used for the purpose of determining my suitability of an adoptive applicant.*

 Applicant Signature Date

Part B: Physicians are asked to fill out this section and then sign in the space indicated on the next page

Name of Examining Physician: _____ Date of Examination: _____

Length of Time You Have Known the Applicant: _____

Height: _____ Weight: _____

Names of previous physicians or specialists:

Name		Phone	
Name		Phone	

Summary pf applicant's medical history:

Please explain whether or not this applicant has any medical conditions which are likely to shorten his/her life:

Please explain any illnesses or disabilities the applicant may have that you feel could limit or adversely affect his/her ability to care for a child now or at any time in the future:

Please describe any emotional conditions the applicant was treated for, and what treatment plan was followed:

Please list the medications that the applicant is on and briefly describe their use:

Do you consider the applicant to *now* be in good physical health?

Do you consider the applicant to *now* be in sound mental health?

Please list any other information or details about the applicant that you feel would be pertinent to this report:

Signature of Examining Physician

Date