

A CHILD'S HOPE
TWO HANNOVER SQUARE
SUITE 1860
RALEIGH, NC 27601

PHYSICIANS REPORT ON PROSPECTIVE ADOPTIVE PARENT

TO THE EXAMINING PHYSICIAN:

The purpose of this examination is to determine whether the applicant is physically, emotionally, and mentally able to include an adopted child in his/her household.

Name of Applicant _____

Address _____

Sex _____ Age _____ Date of Birth _____

1. History of important past physical or emotional illnesses and/or surgeries _____

2. General physical health _____

3. General emotional health _____

4. Is there any reason why this applicant cannot have biological children? _____

5. Are there any medical or emotional problems that indicate to you that this person may not be qualified to care for and nurture children? _____

6. Does this applicant have any history of substance abuse? _____

7. Does this applicant have the usual life expectancy? _____

8. Is this report based on a current examination only, or on a longer professional relationship and knowledge? _____

9. Is this applicant free of communicable diseases including tuberculosis and AIDS? _____

10. On the basis of the applicant's history and present physical and emotional conditions, would you recommend him/her for adoption of a child? _____

Physicians Name (please print) _____

Address _____

PHYSICIANS SIGNATURE _____ Date _____

I authorize the above-named person or organization to release information, if requested to do so.

APPLICANTS SIGNATURE _____ Date _____