GENERAL PHYSICAL EXAMINATION

TO EXAMINING PHYSICIAN:

Your medical report is of importance in its examination of the adoptive qualification of the applicant. You are kindly requested to fill in all the blanks. Thank you for your cooperation.

Applicant's Name: _____ D.O.B.: _____

Address: _____

City, State, Zip: _____

MEDICAL HISTORY

Have you ever had?

Tuberculosis	( ) No ( ) Yes
Tumor	( ) No ( ) Yes
Heart Disease	( ) No ( ) Yes
Liver Disease	( ) No ( ) Yes
Sexual Disease	( ) No ( ) Yes
Neuropathy	( ) No ( ) Yes
Mental Disease	( ) No ( ) Yes
Other Communicable Disease	( ) No ( ) Yes
Alcoholism or Abuse or Substance	( ) No ( ) Yes
Any Genetic Disease	( ) No ( ) Yes
Any Operation	( ) No ( ) Yes

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PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood Pressure: _____

Vision: Left _____ Right _____

Right Hearing:	( ) Normal ( ) Abnormal
Left Hearing:	( ) Normal ( ) Abnormal
Heart:	( ) Normal ( ) Abnormal
Liver:	( ) Normal ( ) Abnormal
Lung:	( ) Normal ( ) Abnormal
Lymph:	( ) Normal ( ) Abnormal
Thyroid:	( ) Normal ( ) Abnormal
Nerve System:	( ) Normal ( ) Abnormal

Blood Test: Date of Test: _____

Hepatitis A:	( ) Normal ( ) Abnormal
Routine Blood Test:	( ) Normal ( ) Abnormal
Hbs Ag:	( ) Normal ( ) Abnormal
Liver Function:	( ) Normal ( ) Abnormal
Urinalysis:	( ) Normal ( ) Abnormal
HIV Test:	( ) Normal ( ) Abnormal
Tuberculosis Test?	( ) Normal ( ) Abnormal

Is the patient taking any medication? ( ) No ( ) Yes

If yes, for what purpose?

PHYSICAL TEST RESULTS:

Is the adoption applicant's state of health suitable for raising a child?

Name (please print): _____

Physician's Signature: _____ Date: _____

M.D. License Number: _____

Address: _____

City, State, Zip: _____