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MEDICAL EXAM REPORT
Child's Arrival
 (Parent to complete shaded areas)

I hereby authorize _____ to release the medical information contained on this form to **Adoption Horizons** for the purpose of investigating the adoptive placement of a child.

Child's Name	Date of Birth
Address	
Phone Number	Parent's Signature

I. INFORMATION ABOUT THE CHILD

Height: _____ ft _____ in Weight: _____ lbs Date of Exam: _____

Pertinent Health History: _____

II. PHYSICAL EXAMINATION

General Appearance: _____	Heart: _____
Skin: _____	Abdomen: _____
Head: _____	Ext. Genitalia: _____
Lymph Nodes: _____	Back: _____
EENT: _____	Extremities: _____
Chest/Lungs: _____	Neurologic: _____

Nutritional Status: Excellent Good Fair Poor

Comments: _____

III. TESTS / FINDINGS

Because of the adverse backgrounds of many adopted children, the following tests are recommended for United States children and highly suggested for children who come from foreign countries.

Test	Date	Result
CBC		
Urinalysis		
Hepatitis B / C		
PPD Screening		
VDRL / RPR		
HIV-1 Screening		
Stool for O and P		
Stool for Enteric Pathogens		
PKU		
Vision Screen		
Hearing Screen		
Lead Levels		

IV. IMMUNIZATIONS

Please provide the dates immunizations were (if any) administered to the child.

DPT	Polio	MMR	BCG (if foreign born)	Other

V. OVERALL EVALUATION

Physical Development

Within normal limits: Yes No

Problem areas: _____

Emotional Development

Within normal limits: Yes No

Problem areas: _____

Specific Recommendations for Medical Planning: _____

VII. CERTIFICATE OF EXAMINATION

I certify that I have found this child to be in _____ health.
 (excellent, good, fair, poor)

I cannot sign the above certificate for the following reasons:

SIGNATURE OF DOCTOR	DATE EXAMINED
PRINTED NAME OF DOCTOR	MEDICAL LICENSE #
ADDRESS & PHONE NUMBER	OFFICE STAMP