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MEDICAL EXAM REPORT
Child's Pre-Finalization
 (Parent to complete shaded areas)

This report is used to determine the child's current health status before legal finalization in the County Superior Court and to ensure that the adopting parents are fully aware of the child's condition.

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

Are there any test results pending? Yes No

Comments: _____

IV. IMMUNIZATIONS

Are the child's immunizations up to date? Yes No

Comments: _____

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