

General Physical Examination for Adoption Applicant

To Examining Physician: Your medical report is of paramount importance to the China Center of Adoption Affairs in its examination of the adoption qualifications of the adopters. You are kindly requested to fill in all the blanks. This form must be typed or written legibly. Thank you for your cooperation.

Applicant's Name: _____ DOB: _____

Applicant's Address: _____

Medical History:

Have you ever had any of the following:	No	Yes	Year	Result
Tumor?	_____	_____	_____	_____
Tuberculosis?	_____	_____	_____	_____
Heart disease?	_____	_____	_____	_____
Liver disease?	_____	_____	_____	_____
Sexual disease?	_____	_____	_____	_____
Neuropathy?	_____	_____	_____	_____
Mental disease?	_____	_____	_____	_____
Other communicable disease?	_____	_____	_____	_____
Alcoholism or substance abuse?	_____	_____	_____	_____
Any genetic disease?	_____	_____	_____	_____
Any operations?	_____	_____	_____	_____

Physical Examination:

Height: _____ m Weight: _____ kg Blood Pressure: _____

Vision: R: _____ L: _____ Hearing: R: Normal/Abnormal Hearing: L: Normal/Abnormal

Heart: Normal/Abnormal Liver: Normal/Abnormal Lungs: Normal/Abnormal

Lymph: Normal/Abnormal Thyroid: Normal/Abnormal Nerve System: Normal/Abnormal

Blood Test (date of test): _____

Routine Blood Test: Normal / Abnormal
HbsAg: Negative / Positive
Liver Function: Normal / Abnormal

Urinalysis (date of test): _____

Routine Urine Test: Normal / Abnormal

HIV Test (date of test): _____

HIV: Negative / Positive

Is the patient taking any medication? Yes/No

If yes, for what purpose: _____

Physical Test Result:

Are there any physical, mental, or psychological unfavorable elements of the adoption applicant which will affect the upbringing of the child? _____

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

Signed

MD License No.

Date

Physician's Name (print clearly)

Address