



Medical Examination Report



This form is completed by the examining physician. The exam's purpose is to explore whether the applicant has any conditions that prevent or limit him or her from safely providing daily care for a child(ren) who may have medical or behavioral needs.

Each applicant is required to have a physical exam before receiving approval as a resource parent.

Patient Information

Name _____ Date of birth _____

When was this patient first seen? _____

When was this patient last seen, excluding today? _____

General Physical Examination Information

Height _____ Weight _____ Blood pressure _____ Pulse _____

Medical History

Provide information regarding, but not limited to, any surgical procedure or communicable, hereditary, or debilitating diseases such as diabetes, psychoneurotic disorders, epilepsy, or fainting spells.

Provide any comments regarding this patient's emotional or physical health.

List current medications, dosage, and the reason prescribed. Attach additional sheets when necessary.

Medication	Dosage	Reason medication is prescribed

Medication	Dosage	Reason medication is prescribed

Does this patient have any condition that impairs his or her ability to safely provide daily care for a child(ren) through the next year and possibly into the child(ren)'s adulthood? ☐ Yes ☐ No

If yes, explain:

Have you addressed emotional or behavioral issues with this patient? ☐ Yes ☐ No

If yes, explain:

Provide any comments regarding this patient's emotional or physical health.

Signature

Physician signature

Printed name

Date

Physician address

Physician phone number