Adopt!inc.
135 Lackawanna Road
Lexington, KY 40503

Hope for Tomorrow
Children's Home
a ministry of Adopt!inc.

Phone: 859-276-6249
Fax: 859-276-5570
www.adoptinc.org
www.hope4tomorrow.net
E-Mail: adopt@adoptinc.org

MEDICAL EXAMINATION

Name: _____ Date of Birth: _____

Address: _____

MEDICAL HISTORY

(check if applicable)

Tuberculosis _____
Allergies _____
Impaired Hearing _____
Venereal Disease _____
Impaired Vision _____
Mental Illness _____
Stillbirths/Miscarriage _____
Epilepsy _____
Cancer _____
Diabetes _____
Infertility _____
Surgical Procedures _____
Serious Illness _____
Emotional Difficulties _____

Please elaborate: _____

_____

Date of Exam _____ How long have you known the patient? _____

Height _____ Weight _____ Extremities _____ Eyes _____ Heart _____

Ears/Nose/Throat _____ Genitourinary tract _____ Abdomen _____ Lungs _____

This household member is free of any illness or condition that presents a health or safety risk to a child placed in the home. Yes _____ No _____

For Children: All immunizations are up to date: Yes _____ No _____

Results of any laboratory or other tests you feel are necessary: _____

_____

List any regularly prescribed medication(s): _____

_____

For Adults: It is my opinion that this adult is physically and mentally able to parent a child. Yes _____ No _____

It is my opinion that this adult has no communicable disease, disabling condition, behavioral instability, mental illness, or chemical depedency. Yes _____ No _____

Additional comments: _____

If you would like to speak to the adoption worker, check here. _____

Signature of Physician, Physician Assistant, or Advanced Practice Registered Nurse

_____ Date _____

Printed name and address of health professional:

Name _____

Address _____

(Rev. 05/17)