MEDICAL REPORT FOR PRIMARY CAREGIVERS

State Form 45145 (R2 / 2-06) / CW 0039
DEPARTMENT OF CHILD SERVICES

Check applicable program: ☐ Foster Family Home ☐ Adoptive Home

Name	
Address (*number and street*)	
City, state, and ZIP code	Date of birth (*month, day, year*)

This person has come to you in response to a request from this agency for a complete report on this person's physical condition. It is important for us to know of any health factors that might interfere with this person's ability to parent or provide care to a foster child or a child with special needs.

GENERAL HEALTH

Blood Pressure	
Height	Weight

MEDICAL HISTORY

☐ Arthritis	☐ Epilepsy
☐ Asthma	☐ Thyroid
☐ Cancer	☐ Tuberculosis
☐ Cardiovascular disease	☐ Other (*please specify*): _____
☐ Diabetes	_____

COMMUNICABLE AND CONTAGIOUS DISEASES

Is this person free of communicable or contagious disease? (*Initial appropriate response*) _____ Yes _____ No

Tuberculin test (*last date*) (*month, day, year*)	Chest x-ray (*if necessary*)	Other (*if applicable*):

ABNORMAL FINDINGS

Are there any abnormal findings on physical examination and / or medical diagnosis that would be relevant to the care of foster children? ☐ Yes ☐ No

If so, please explain below.

ALCOHOL OR SUBSTANCE ABUSE

Is there any indication of alcohol or substance misuse / abuse? ☐ Yes ☐ No If so, please explain below.

In your professional opinion, do you believe it is necessary to request a drug screen for this person? ☐ Yes ☐ No If yes, please explain below.

Have you referred the person for a drug screen? ☐ Yes ☐ No If yes, please explain below.

EMOTIONAL STABILITY

In your professional opinion, does this person have any indicators of emotional instability that would prevent the applicant caring for children who have been abused or neglected? ☐ Yes ☐ No If yes, please explain below.

FERTILITY

What is the status of the applicant's current ability to conceive? (*Applies to adoptive applicants only*)

Signature of examiner
Printed name and title of examiner
Address (*number and street*)
City, state, and ZIP code

Telephone number ( )	Date (*month, day, year*)