



MEDICAL REPORT FORM FOR CHILDREN IN THE HOME

I hereby authorize (name of medical provider) _____ to release medical information contained on this form to A Forever Bond, Inc.

Patient's Parent/Guardian Signature: _____

Date: _____

Name of Child: _____ Date of birth: _____

Results of Physical Examination: Height _____ Weight _____ Blood Pressure _____

1. Is this child current on all immunizations?: Yes No
2. Is there any history of hereditary disease, abnormality (physical disability) or mental health problem? _____
3. What is the overall health and development of the child? _____
4. Any current medication and reason prescribed?: _____
5. How long have you known this patient?: _____

I hereby certify that I have examined the above patient _____ and found him/her to be free from communicable diseases.

Physician Signature

Date

Printed Name