MEDICAL REPORT FORM FOR PROSPECTIVE ADOPTIVE PARENT

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

Patient's Signature: _____ Date: _____

The above named person has applied to adopt a child. A medical report and your interpretation of it will assist A Forever Bond, Inc. in determining the suitability of the applicant to become an adoptive parent.

Name of Patient: _____ Date of examination: _____

Results of Physical Examination: Height_____ Weight_____ Blood Pressure_____

Urinalysis_____ Date of UA_____

1. Is there any history of hereditary disease, abnormality (physical disability) or mental health problem? _____
2. What is the general physical condition of the patient? _____
3. Is there any medical condition which would limit the applicant's ability to parent an adopted child? _____
4. Has this patient had tests or evaluations for infertility? ☐ Yes ☐ No If yes, please describe the test/evaluation/treatment:_____
5. Any current medication and reason prescribed?:_____
6. 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 and in excellent physical and mental health with a normal life expectancy. In my professional opinion, this patient is physically and mentally capable of undertaking the care of an adoptive child.

_____ _____
Physician Signature Date

_____
Printed Name

1980 N. Atlantic Avenue, Ste. 723, Cocoa Beach, Florida 32931
321.613.5996 ~ FAX 321.323.7230 ~ www.aforeverbond.com