



**Arkansas Department of Human Services
Division of Children and Family Services
GENERAL MEDICAL REPORT**

Mail completed form to: (Name) _____
 (Street Address) _____
 (City, State, Zip) _____

To Whom It May Concern: I hereby give my consent for the doctor to release the following medical and other pertinent information regarding me/my child to the Division of Children and Family Services. The findings of this report are to verify freedom from any physical/emotional health condition that would affect the welfare of a foster/adopted child placed in my home.

_____ Date _____ Name of person being examined _____
 _____ Address, City, State, Zip _____
 _____ Name of Parent (if person examined is a minor) _____ Signature of Parent (if person examined is a minor) _____

PHYSICIAN'S REPORT / MEDICAL HISTORY

Any additional comments should be made on a separate sheet of paper attached to this form.

DOB _____ **Height** _____ **Weight** _____ **Scalp and Skin** _____
Eyes _____ **Ears** _____ **Nose** _____ **Throat** _____
Teeth _____ **Glands** _____ **Chest/Lungs** _____ **Heart** _____
Blood Pressure _____ **Kidneys** _____ **Genitalia** _____ **Extremities** _____
Reflexes _____ **Nervous Disorders** _____

Orthopedic Conditions _____

Please list medications (for both physical and mental health) that may interfere with individual's ability to care for children. _____

Please indicate any chronic conditions for which individual has received treatment in the last six months. _____

Please list major illnesses and surgeries. Give the date and name of physician for each surgery. _____

FOR CHILDREN ONLY Are immunizations up to date? YES NO If no, identify needed immunizations: _____

FOR ADULTS ONLY Insofar as you know of this person's physical, mental and emotional health, do you consider him/her a suitable person to have the responsibility for the care of children? YES NO If no, please explain. _____

_____ Name of physician (print or type) _____ Signature of physician _____ Date _____

Business address _____