



# A Chosen Child Adoption Services

A SOUTH CAROLINA ADOPTION AGENCY AND NON-PROFIT CORPORATION

## PHYSICIAN'S REPORT ON ADOPTIVE APPLICANT

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_

Check if normal, if not, please comment below:

1. Eyes	___	2. Ears	___	3. Nose	___	4. Gynecological	___
5. Mouth	___	6. Lungs	___	7. Urinary	___	8. Circulatory	___
9. Extremities	___	10. Heart	___	11. Throat	___	12. Neurological	___

Comments:

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Is patient currently being treated for any illnesses, disabilities, or currently taking any medication (Prescription or over the counter)?

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Is there any known reason why this patient would not be a healthy and appropriate parent for an adopted child?

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Prospective adoptive parent is not known to have any of the following: Tuberculosis, HIV, Venereal Disease, Alcoholism, or Drug Abuse, Mental or psychological disorder which would cause the person to be disabled, genetic risks, cancer, or any other medical condition that would in any way impair his/her ability to adopt a child or to raise and care for that child.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip