

PHYSICAL EXAMINATION FOR FOSTER AND/OR ADOPTIVE APPLICANTS

(TO BE COMPLETED AT INITIAL APPLICATION AND RENEWAL)

Applicant's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

The above named person has applied to **AGAPE of North Alabama, Inc.** to become an approved foster and/or adoptive parent. A physical examination must be completed on all persons applying to become foster and/or adoptive parents in order to determine if their present and future health will allow them to take on the care and responsibility of a child.

AUTHORIZATION TO RELEASE INFORMATION

Dr. _____:

You are hereby authorized and requested to provide and release to **AGAPE of North Alabama, Inc.** all information you have regarding my mental and/or physical health, including history obtained, findings of the physical examination and any diagnoses.

Applicant's Signature: _____ Date: _____

I. GENERAL MEDICAL FINDINGS

Briefly describe the applicant's medical history including any disabilities and treatment.

Height: _____ Weight: _____ Pulse: _____

Respiration: _____ Blood Pressure: _____

General Appearance: _____

Eyes-Vision: _____

Ears-Hearing: _____

Nose, Throat, Sinuses: _____

Heart: _____

Lungs: _____

Genital-Urinary and Gynecological: _____

Abdomen: _____

Extremities: _____

Nervous System: _____

