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Website: www.adoptioncincinnati.org

Medical Examiner's Report for Children of Adoptive Applicants

A current physical examination is required of each member of an adoptive applicant's family. Please submit the JFS 01653 (Medical Statement for Foster Caregivers/Adoptive Applicants and all household members) with a physician's signature.

Name of Child _____ Age _____ Date of Birth _____

General Appearance _____

Height _____ Weight _____

Is child current on his/her immunization schedule?

Please list any significant childhood illnesses this child has had.

Please list any hospitalizations that this child has had. Please indicate date, nature, and prognosis of condition.

Please list any chronic medical conditions or communicable diseases that your child may have that may be detrimental to an adoptive child placed in the home. Please indicate nature and prognosis of condition.

What is your evaluation of this child's emotional development?

Do you see this child as ready and/or able to accept a sibling to the family?

Parent Signature

Date _____