

WASHOE COUNTY HUMAN SERVICES AGENCY
CHILD CARE AND FOSTER CARE LICENSING
GENERAL PHYSICAL EXAMINATION
FOR FOSTER PARENT OR ADOPTIVE APPLICANTS

I, _____, hereby give permission to you to give Washoe County Human Services Agency complete information about my physical and emotional condition.

TO EXAMINING PHYSICIAN: In evaluating the applicant, this agency must be guided by your findings as reported on this form. It is necessary to determine if the applicant is capable physically and emotionally of carrying out the responsibilities of caring for children.

Applicant's Name _____ Age _____

Address _____

HISTORY OF ILLNESSES:

Hypertension _____ Heart disease _____

Vascular Disease _____ Ulcers _____

Cancer _____ Diabetes _____

Other _____

OPERATIONS: _____

PHYSICAL EXAMINATION:

Date of Examination _____ Blood Pressure _____

C.B.C – HGB _____ Hct _____ WBC _____ Diff/Poly _____ Stabs _____ L _____ M _____ Eo _____

Urinalysis _____ Sp G _____ Alb _____ Sugar _____ Micro _____

Physical Findings _____ EENT _____

Neck (Thyroid) _____

Chest and Lungs _____

Heart _____

Abdomen _____

Genitalia _____

Extremities _____

CONCLUSIONS:

1. Your evaluation of applicant's physical status _____

2. How long have you known the applicant? _____

If you know the applicant well enough, please give your impression of applicant's characteristic's in terms of qualifying as a foster or adoptive parent _____

3. What is your recommendation regarding the applicant's physical and emotional fitness to foster or adopt a child? _____

Signature of Examining Physician

Address

Telephone