

REPORT OF HEALTH EXAMINATION - CHILD  
CATHOLIC CHARITIES OF NOTHERN KANSAS

CHILD'S NAME: \_\_\_\_\_

CHILD'S D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

1. Does the child have any significant disease or any past medical history of any significant disease? If so, please explain.

2. What were the significant findings of your physical examination?

General Appearance

Heart

Lungs

Abdomen

Eyes

Ears

Nose

Muscular System

Reflexes

Height & Weight

Other

3. Are immunizations for this child up to date?

4. For how long a period of time has this child received medical care and supervision from you?

5. Do the parents make appropriate use of medical care for this child and follow instructions given?

6. What is your opinion of this child's parents adopting a child?

Signature of Provider \_\_\_\_\_

Provider Name (printed) \_\_\_\_\_

Address of Practice \_\_\_\_\_

Date \_\_\_\_\_