

**COLORADO DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD WELFARE SERVICES**

GENERAL PHYSICAL EXAMINATION FOR FOSTER CARE AND/OR ADOPTIVE APPLICANT

TO EXAMINING PHYSICIAN:

The applicant's permission for releasing information is given below. In evaluating the applicant, this agency must be guided by your medical findings, as reported on this form. It is necessary to determine that the applicant has no communicable diseases, has a reasonable life expectancy, and is capable of physically and emotionally carrying out the responsibilities of parenthood.

Physician's office, please mail completed forms in an envelope marked "CONFIDENTIAL" to:

Project 1.27, 14000 E. Jewell Ave., Aurora, CO 80012

PLEASE TYPE OR PRINT:

Physician's Name: _____
Address: _____
City, State, Zip: _____
Phone number: _____

RELEASE OF INFORMATION:

Applicant's Name: _____
Address: _____
City, State, Zip: _____
Phone number: _____ D.O.B. _____

I, _____, hereby give my permission for release to the _____ County Department of Human Services/CPA complete information about the condition of my physical, emotional, and mental health.

Signature _____ Date _____

HISTORY OF MAJOR ILLNESSES AND HOSPITALIZATIONS:

PHYSICAL EXAMINATION: (must be within one year prior to certification)

Date of this Examination: _____

What medications are prescribed? _____

Is patient receiving treatment for a chronic illness? _____ Yes _____ No

What is the diagnosis? _____

What is the prognosis? _____

General Condition of Health: _____

Describe any factors for this patient that should be considered if out-of home care is provided to children (mental health, substance abuse, illness, physical disability, etc.):

How long have you known the patient? _____

If you know the patient well enough, please give your impression of patient's emotional capacity to be a foster or adoptive parent.

Date of last Flu Vaccine* _____ Date of last Pertussis Vaccine* _____

*For foster/adoptive families caring for infants and/or children/youth with special medical needs: All household members must have a current pertussis vaccine and an annual flu vaccine, unless immunization is contrary to the patient's health as documented by a licensed health care professional.

Unless a shorter timeframe is indicated here, the next health evaluation will be required in one year.

Alternate Date

Examining Physician (Please Print)

Examining Physician Signature

Date of Report