

MEDICAL REPORT ON HEALTH OF INFANT

Note:

This form is for a medical report on a child who may be adopted. The report is for the benefit of the adopters and the court. In order that the adopters may benefit fully from the report, it is important that the certifying doctor should explain to the adopters the nature and extent of any disability or abnormality disclosed by the examination which might affect their decision whether or not to adopt the child.

Child's name..... Date of birth.....Sex.....

Weight.....Height.....

- A. General Condition.....
 - Skin.....
 - Eyes (including vision).....
 - Ears (including hearing).....
 - Nose and throat.....
 - Speech.....
 - Cardio-vascular system.....
 - Respiratory system.....
 - Alimentary system.....
 - Genoti-urinary system (including examination of urine for albumen, sugar and phenylpyruvic acid).....
 - Skeletal and articular system (including examination for congenital dislocation and hip).....
 - Nervous system (including fits).....
 - Lymphatic system.....
 - Any other comments.....

- Is the child physically normal having regard to his age?.....
- B. Are there any items in the child's history or examination which suggest that he may be mentally abnormal having regard to his age.....
- C. Particulars on any illnesses from which the child has suffered.
 If known,.....
 Weight at birth (if child is under one year of age).....
 Details of birth, including result of mother's serological tests for syphilis.

- D. Particulars with dates, of vaccination or immunization against –
 Tuberculosis (state result of Mantoux test or whether child has been success-fully vaccinated with B.C.G.vaccine)
 Smallpox.....
 Diphtheria.....
 Whooping cough.....
 Poliomyelitis.....
 Tetanus (active).....
 Any other disease.....
- E. Result of suitable serological test of the child's blood for syphilis taken six Weeks or later after birth (please specify test)
- F. I examined the child on the day of 20.....
 and I have informed the adopters of the state of health of the child disclose by the examination.

Signature..... Date.....
 Qualifications.....
 Address.....