



MEDICAL FORM

Applicant's full name

Date of Exam

Applicant's Height: _____

Applicant's Weight: _____

_____ Is currently in good health and is mentally and physically capable of raising an adopted child. The applicant has a normal life expectancy and does not have a chemical or alcohol dependency.

Additional Information to note:

Medical Provider's Signature

Date Signed

Medical Provider's Printed Name

License Number

Medical Provider's full address and telephone number