Bradford County Children & Youth Services
MEDICAL EXAMINATION REPORT

This form is completed by the examining physician. The purpose of the exam is to explore whether the applicant has any conditions that prevent or limit him or her from safely providing for the next year and possibly into adulthood, daily care for a child(ren) who may have medical or behavioral needs.

Each applicant is required to have a physical exam before receiving approval as a Foster Parent for Bradford County Children and Youth Services.

Patient Information

Name:	Date of Birth:
Patient's address	County

When was this patient first seen? _____
When was this patient last seen, excluding today? _____

General physical examination information:

Height	Weight	Blood Pressure	Pulse

Medical History:

Provide information regarding, but not limited to any surgical procedures or communicable, hereditary, or debilitating diseases, such as diabetes, psychoneurotic disorders, epilepsy or fainting spells. _____

List current medications, dosage, and the reason prescribed. Attach additional sheets when necessary.

Medication:	Dosage:	Reason Medication Prescribed:

Does this patient have any condition that impairs his or her ability to safely provide daily care for a child(ren) through the next year and possibly into the child(ren)'s adulthood? ☐ Yes ☐ No

If yes, explain: _____

Have you addressed emotional or behavioral health issues with the patient? ☐ Yes ☐ No

If yes, explain: _____

Comments regarding this patient's emotional and physical health.

_____ _____ _____

Physician signature Printed name Date

Physician's Address and phone number: _____