

MEDICAL STATEMENT
Medical Statement for Adoptive Applicant
And all Household Members for
Domestic and/or International Adoption

Name (Last, First, Middle)	Date of Birth:
Address (Street, City, State & Zip):	

1. Have you had treatment for a serious or chronic illness: Yes No
 Have you been hospitalized in the past five years? Yes No
 Have you ever received, or been advised to seek, mental health services? Yes No
 Have you ever received, or been advised to seek, treatment for Alcohol/substance abuse? Yes No
 Have you ever had a communicable disease? Yes No

If the answer to any of these questions is yes, please explain:

2. Do you have or have you had any of the following? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Arthritis _____ | <input type="checkbox"/> Heart Disease _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Hypertension _____ |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Kidney Disease _____ |
| <input type="checkbox"/> Epilepsy _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Ulcers _____ |

If any are checked, please explain: _____

3. Is there a history of other hereditary disease? Yes No
 If yes, please explain: _____
- _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct. I further authorize the physician completing the reverse side of this form to release any information he/she may have concerning my physical or mental health to:

Name/Address of Agency: _____

Signature of Applicant: _____

Date: _____

COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION.

NOTARY FOR INTERNATIONAL ADOPTION ONLY.

Subscribed and sworn to before me on the ____ day of _____, 20__ to which witness my hand and seal of office.

Notary Public in and for the State of _____, County of _____

My Commission Expires: _____