DEPARTMENT OF SOCIAL SERVICES

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Commissioner

Irene E. Kurlander
Deputy Commissioner

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County Executive

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Orange County Department of Social Services
Foster/Adoptive Parent Medical Report

Name of Foster/Adoptive Parent:____

Address:____

Note to Physician:
The above named individual has applied to become a foster/adoptive parent. A complete physical exam is required by this agency. We are obligated to select foster/adoptive parents whose general health and emotional stability would enable them to provide children with appropriate care. As part of the approval process, we require assurance from a physician that a candidate is free of communicable disease (especially TB), infection or any physical condition(s) which might affect the proper care of a child.

Medical History:
Past History of Serious Illness, Injury, Surgery or Hospitalization: (Diagnosis and Date):
____
____
____

List all current medical conditions:
____
____

Current medications:
____
____

Physical Examination:
Height: ____________ Weight: ____________ Blood Pressure: ____________
Does the patient have vision or hearing impairments? If yes, please specify.
____

Does patient have normal life expectancy? ______________________________________
Patient is free of communicable disease (including TB)_____________________________
____

Impression of General Health:
____
____

List any medical or physical limitations that could impact the care of a child.
____
____

Please specify how the patient's ability to care for a child is impacted by the above.
____
____

Does the patient have limitations in any of the following areas?
(If yes, please specify limits)

Lifting: __________________
Standing/Walking: _________
Pushing/Pulling: ___________
Sitting: ___________________

Is patient fit to provide adequate care to children? Y / N________________

Additional Comments:
____
____

Name of Physician: ____
Physician Signature____
Date of Exam_____________

Upon completion please return this form to: ____

Orange County Department of Social Services
23 Hatfield Lane
Goshen, NY 10924
Fax: 845-291-2985

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