

PHYSICIAN'S REPORT FOR A CHILD

Third Circuit Court of Michigan
Family Division - Juvenile Section
Adoptions Unit
1025 E. Forest Avenue
Detroit, MI 48207-1098

Re: _____
DOB: _____

Dear Dr. _____,

I hereby authorize you to release to the Third Circuit Court of Michigan Family Division - Juvenile Section, Adoptions Unit, information regarding my current and past physical and mental health.

Sincerely, _____

TO BE COMPLETED BY THE PHYSICIAN

Date of physical examination _____ Length of time know to physician _____

Diseases or illnesses known or treated by you in the last five years: _____

CURRENT HEALTH STATUS:

Height _____ Weight _____

Medications currently prescribed; dosage and purpose: _____

ANY HISTORY OF:

Allergies _____ Asthma _____
Other _____

Childhood Diseases: _____

Hospitalizations, operations, or injuries: _____

HIV information (optional): _____

IMMUNIZATIONS

DATES OF ORIGINAL SERIES

BOOSTERS

DPT	_____	_____	_____	_____
Polio	_____	_____	_____	_____
MMR	_____	_____	_____	_____
HIB	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____
Chicken Pox	_____	_____	_____	_____

Remarks on medical examination (**on the basis of the medial history and present physical condition, please state any medical concerns you may have regarding this child**): _____

Would you like to discuss this information with a Social Worker: Yes _____ No _____

PLEASE PRINT OR TYPE

Physician's Name _____

PHYSICIAN'S SIGNATURE

Address _____

City, State, Zip Code _____ Telephone Number _____