



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 Bridge resource parent.

Patient information

Patient	Patient's birthdate
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
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Medical history

Provide information regarding, but not limited to any surgical procedure 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 this patient?

Yes No

If yes, explain.

Comments regarding this patient's emotional and physical health.

Physician signature	Printed name	Date
Physician's address		Physician's phone number