



Friday's Child Adoption Services, Inc.
A Virginia Licensed Child Placing Agency

Report of Medical Examination
Date _____

Patients Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

I, _____ M.D. have examined the above named patient

and find him/her to be in _____ health. Based upon my examination of the patient,

I find/ do not find (circle one) evidence of any medical condition or mental health concern that would in any way impair his/her ability to adopt or to subsequently rear and care for the child.

The patient's life expectancy should be normal/reduced (circle one). I find/do not find any evidence of a history of substance abuse or mental illness.

The following tests were administered (if indicated): Results/Date

1. _____

2. _____

3. _____

The following medications were prescribed:

1. _____

2. _____

Physician Signature _____ Printed Name _____

Physician Address _____

City _____ State _____ Zip _____