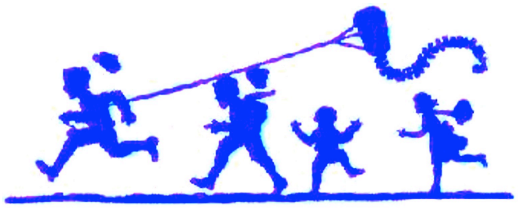

Friday's Child Adoption Services, Inc.
A Virginia Licensed Child Placing Agency

Report of Medical Examination

I, _____ M.D. have examined

_____ and find him/her to be in _____ health. Examination of this child did not reveal any evidence of communicable diseases and his/her immunizations are current.

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

1. _____ _____

2. _____ _____

3. _____ _____

The following medications were prescribed:

1. _____

2. _____

3. _____

_____ _____
Physician's Signature Date

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