



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

## Report of Child 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