



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

***Child Medical Form***

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ MD/PAC/NP (circle 1) Other: \_\_\_\_\_

(Please print)

have examined the above-named child and find him/her to be in: (circle one)

Excellent/Good/Fair/Poor health. Examination of the child did not reveal any evidence of communicable diseases and his/her immunizations Are/Are Not current.

***The child was assessed for risk of TB and a TB test (circle one) was/was not recommended at this time.***

The following tests were administered (if indicated): Results

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The following medications were prescribed:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Examiners' Signature

\_\_\_\_\_  
Date