

PLEASE NOTE:

The person named below is applying to become a licensed foster care provider or is one of the foster care provider's children also living in the home. Your opinion as to this person's freedom from physical or mental illness, which might be detrimental to the care of foster children, is a governing factor in his/her being approved for a license. Be assured this information will be used for licensing purposes only. It is the intention of Kids Crossing to prevent any adverse impact on the health and social development of foster children.

Patient's Name: _____ Date of examination: _____

Is patient under treatment for chronic illness: NO _____ YES _____

If "yes", what was the diagnosis? _____

What medications are prescribed? _____

General condition of patient's health: _____

Are there any reasons relating to the emotional, mental or physical factors that would interfere with the care of unrelated children in this patient's home? _____

Does this patient suffer from any illness or communicable disease that would have an adverse effect on foster children in care in the patient's home? _____

This examination is good for three years unless otherwise noted: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____

Address: _____
