

MEDICAL PARTICULARS OF PROSPECTIVE ADOPTER

(The medical report must be signed by a medical practitioner)

1. a) Name of prospective adopter
- b) Date of birth
- c) Sex
- d) Address

2. What is the HIV status of the prospective adopter?

3. Is the prospective adopter able to have natural children of his/her own and, if not, is the reason why he/she is unable to have such children known?.....
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4. If any fertility tests have been made to the prospective adopter, what were the results of such?

5. Has/is the prospective adopter suffered/suffering from any of the following?
 - a) tuberculosis
 - b) chronic bronchitis or recurrent chest illness
 - c) cardiovascular disease
 - d) any form of rheumatism
 - e) any form of neurosis or mental disorder
 - f) epilepsy
 - g) genito-urinary disease
 - h) diabetis
 - i) any neurological disorder
 - j) leprosy
 - k) any illness which might shorten the expectation of life or cause recurrent disability

6. Has the prospective adopter undergone any major surgical procedure?
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7. Is there any relevant family history of mental or physical disease?
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8. Is there any relevant abnormality in the following?
- a) cardiovascular system (blood pressure should be stated)
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 - b) respiratory system (if a chest x-ray is taken, state date and result of such)
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 - c) urogenital system (state quantity of albumin and sugar in urine)
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 - d) abdomen and alimentary system
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 - e) central nervous system
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 - f) eyes and vision
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 - g) ears and hearing
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 - h) skin
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9. Is there normal use of limbs?
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10. Does the prospective adopter appear mentally balanced and emotionally secure?
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11. Are there any other facts, medical or otherwise, about the prospective adopter which should be known?
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