

MEDICAL REPORT ON RESOURCE FAMILY

TO: Examining Physician

FROM: _____
Social Worker, Foster and Adoptive Parent Services Unit Telephone _____
Department of Health and Human Services, Child Welfare Services

RE: _____
Patient(s): Foster parent/household member

Please indicate with an "x" the answers to the following questions and explain any "no" answers. The answers are based on your opinion and experience with the patient. If you do not know or do not have an opinion, please explain below. If this is for a child only, the last question does not apply.

| | YES | NO |
|--|-----|----|
| Is the patient free from acute or chronic disease (including but not limited to: dermatitis, respiratory infection, or addiction) which might be communicable or injurious and may affect the health or development of a foster child? | | |
| Is the patient free of mental health problems which might impair the proper care of foster children? | | |
| Is the patient free from history or current symptoms of physical problems which might impair the proper care of foster children. | | |
| Is the parent physically and mentally capable of caring for children? | | |

Explanation:

In the event that a medical condition or mental health issue is identified; the Department shall require the individual to undergo additional medical examinations of a general or specific nature and provide a written document by the examining physician stating that the health problems pose no threat to a foster child. (COMAR 07.02.25.14 D)

Name of Physician (printed)

Address:

_____ Phone: _____

Signature: _____ Date: _____