National Center for Children and Families
Innovative Family Connections
Foster Parent Licensing

Medical Examination

COMAR 07.05.02.06

For Applicant and All Persons 18 Years of Age or Older Residing In Prospective Foster/Adoptive/Kinship Home

Name: _____ Sex: Male ☐ Female ☐

Date of Birth: _____ Telephone #: (____) _____

Address: _____
Number Street Apt# (if applicable)

_____
City State Zip code

I have examined the above-named person and certify that he/she is:

☐ 1. Free from disease in communicable form.

☐ 2. In satisfactory physical condition

In addition to the above questions, the following tests need to be completed:

- Tuberculin test (by the Mantoux method) Date: _____ Result: _____
- Chest X-Ray (in a positive reactor) Date:_____ Result: _____

Comments_____

Findings

Please provide a summary of medical, emotional or substance abuse problems or condition, if any, which may affect the individual's ability to work with or provide proper care for children in foster care.

_____

_____

Recommendations:

Based on this examination, it is my professional opinion that the above individual is medically and emotionally fit to work with or provide care for foster children with emotional, behavioral, and/or mental health disorders.

Yes ☐ No ☐

Comments _____

Signature of Physician or Nurse Practitioner: _____

Address of Physician or Nurse Practitioner: _____

Telephone number: (____) _____ Date of Examination: _____