ADOPTION ASSOCIATES, INC.
FUTURES BUILT THROUGH ADOPTION

1338 Baldwin • Jenison, MI 49428 • phone 616.667.0677 • fax 616.667.0920

MEDICAL CLEARANCE – CHILD/OTHER HOUSEHOLD MEMBER

Child / Other Household Member's Name:____ Birth Date:_________________

Parent or Legal Guardian:____

Address:____ City / State / Zip:____

Telephone:______________________________________

To the Physician/Licensed Physician's Assistant/Licensed Nurse Practitioner: Adoption Associates, Inc. is requesting medical care information about the abovementioned child or other household member in order to fulfill home study / foster care requirements. A medical exam is <u>not</u> necessary; however, we must verify that this person is under your medical care at this time.

There is no known condition that would affect the care of a foster/adopted child. Agree ____ Disagree ____

Explain: ____

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Please state the present condition of this person's health:

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Physician / Licensed Physician's Assistant /
Licensed Nurse Practitioner's Signature

____
Physician / Licensed Physician's Assistant /
Licensed Nurse Practitioner's Name

____
Date

____
Address

____
City / State / Zip