



MEDICAL REPORT ON HEALTH OF JUVENILE

(Rule 8 of the Adoption (High Court) Rules, 1963 (L.I.276)

NOTE: *This form is for a medical report on a child who may be adopted. The report is for the benefit of the adopters and the court. In order that the adopters may benefit fully from the report, it is important that the certifying doctor should explain to the adopters the nature and extent of any disability or abnormality disclosed by the examination which might affect their decision whether or not to adopt the child.*

Child's name.....Date of birth.....

Sex.....Weight.....Height.....

A. General Condition.....

Skin.....

Eyes (including vision).....

Ears (including hearing).....

Nose and throat.....

Speech.....

Cardio-vascular system.....

Respiratory system (including X-rays of chest):.....

Alimentary system.....

Genito-urinary system (including examination of urine for albumen, sugar and phenylpyruvic acid)

Skeletal and articulars system (including examination for congenital dislocation of hip).....

Nervous system (including fits).....

Histology of blood cells, (including a slide test).....

Lymphatic system.....

Any other comments.....

Is the child physically normal having regard to this age?.....

B. Are there any items in the child's history or examination which suggest that he may be mentally abnormal having regard to his age?.....

C. Particulars of any illnesses from which the-child has suffered

D. If known, weight at birth (if child is under one year of age).....
 Details of birth, including result of mother's serological test for syphills.....

Particulars, with dates, of vaccination or immunization against:-
 Tuberculosis (state result of Mantoux test or whether child has been successfully vaccinated with B.C.G. vaccine).....

 Smailpox.....
 Diphtheria.....
 Whooping cough.....
 Poliomyelitis.....
 Tetanus (active).....
 Any other disease.....

E. Result of suitable serological test of the child's blood for syphilis taken six week or later after birth (please specify test).....

F. I examined the child on the.....day of.....20.....and
 I have informed the adopters of the state of the health of the child disclosed by the examination.

Signature.....20.....
 Qualifications.....
 Address.....

