

Loftus-Vergari and Associates, Inc.

Foster Care and Adoption Program
65 North Washington Street
Wilkes-Barre, PA 18701

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Foster/Adoptive Parent Health Appraisal

Foster Parents complete this section and have your physician complete and sign as indicated.

Your Name:

Address:

Purpose of Examination

Annual

Re-Approval

OTHER PERSONS IN YOUR HOUSEHOLD

Name:

Age:

Physician: The Pennsylvania regulations for foster/adoptive family homes for children specify that a health appraisal from a licensed physician is required annually, indicating that the parents and members of this household are in good health and have no physical or mental illness which might be detrimental to children

1. Are there any physical, mental health or substance abuse related disorders?

Yes

No

If Yes, specify:

[Yellow box for text entry]

2. List any current medications:

[Yellow box for text entry]

3. What is your opinion of the overall general health of members of this household?

[Yellow box for text entry]

4. This is to certify that the persons named above are free of any communicable or infectious diseases:

| | | | |
|---------------------------|--------------|---------------------------|----------------|
| <p>[Yellow box]</p> <hr/> | | <p>[Yellow box]</p> <hr/> | |
| Physician's Signature | | Date of Examination | |
| Physician's Name | [Yellow box] | | (Please Print) |
| Physician's Address | [Yellow box] | | |
| Physician's Phone # | [Yellow box] | | |

Signature of the patient/applicant below indicates their authorization to release the above requested medical information to Loftus-Vergari and Associates, 65 North Washington St., Wilkes-Barre, PA 19701.

| | | | |
|-----------|--------------|-------|--------------|
| Signature | [Yellow box] | Date: | [Yellow box] |
| Signature | [Yellow box] | Date: | [Yellow box] |