MODEL FORM

MEDICAL REPORT ON THE CHILD

For Contracting States within the scope of the Hague Convention on intercountry adoption

A duly licensed physician should complete this report.

Please decide on ~~each~~ heading.
If the information in question is not available please state "unknown".

Name of the child:			
Date and year of birth:			
Sex:			
Place of birth:			
Nationality:			
Name of the mother:			
Date and year of her birth:			
Name of the father:			
Date and year of his birth:			
Name of the present institution:		placed since:	
Weight at birth:	kg.	At admission:	kg.
Length at birth:	cm.	At admission:	cm.
Was the pregnancy and delivery normal? † Yes † No † Do not know			
Where has the child been staying? † with his/her mother		from	to
† with relatives	from	to	
† in private care	from	to	
† in institution or hospital	from	to	

(please state below the name of the institution or institutions concerned)

Has the child had any diseases during the past time?

(If yes, please indicate the age of the child in respect to each disease, as well as any complication)

† Yes † No † Do not know

If yes:

Ordinary children's diseases (whooping cough, measles, chicken-pox, rubella, mumps)?

Tuberculosis?

Convulsions (incl. Febrile convulsions)?

Any other disease?

Exposition to contagious disease?

Has the child been vaccinated against any of the following diseases:

† Yes † No † Do not know

If yes:

Tuberculosis(B.C.G.)? Date of injection:

Diphtheria? Date of injection:

Tetanus? Date of injection:

Whooping cough? Date of injection:

Poliomyelitis? Date of injection: Date of oral vaccinations:

Hepatitis A? Date of injection:

Hepatitis B? Date of injection:

Other immunisations? Date of injection:

Has the child been treated in hospital?

† Yes † No † Do not know

If yes state hospital, age of child, diagnosis, and treatment:	
Give if possible a description of the mental development, behaviour and skills of the child.	
Visual † unknown	When was the child able to fix?
Aural † unknown	When was the child able to turn its head after sounds?
Motor † unknown	When was the child able to sit by itself? Stand by support? Walk without support?
Language † unknown	When did the child start to prattle? Say single words? Say sentences?

Contact † unknown	When did the child start to smile? How does it react towards strangers? How does it communicate with adults and other children?
Emotional † unknown	How does the child show emotions (anger, uneasiness, disappointment, joy)?

Medical examination of the child

Date of the medical examination:

1. THE CHILD	WEIGHT: KG DATE: HEIGHT: CM DATE: Head circumference cm date:

Colour of hair: Colour of eyes: Colour of skin:

Through my complete clinical examination of the child I have observed the following evidence of disease, impairment or abnormalities of:
Date of the examination:

Head (form of skull, hydrocephalus, craniotabes)

Mouth and pharynx (harelip or cleft palate, teeth)
Eyes (vision, strabismus, infections)
Ears (infections, discharge, reduced hearing, deformity)
Organs of the chest (heart, lungs)
Lymphatic glands (adenitis)
Abdomen (hernia, liver, spleen)
Genitals (hypospadia, testis, retention)
Spinal column (kyphosis, scoliosis)
Extremities (pes equinus, valgus, varus, pes calcaneovarus, flexation of the hip, spasticity, paresis)
Skin (eczema, infections, parasites)
Other diseases?
Are there any symptoms of syphilis in the child? Result of syphilis reaction made (date and year): † Positive † Negative † Not done
Any symptoms of tuberculosis? Result of tuberculin test made (date and year): † Positive † Negative † Not done
Any symptoms of Hepatitis A? Result of tests for hepatitis A made (date and year): † Positive † Negative † Not done

Any symptoms of Hepatitis B? Result of tests for HBsAg (date and year): † Positive † Negative † Not done Result of tests for anti-HBs (date and year): † Positive † Negative † Not done Result of tests for HBeAg (date and year): † Positive † Negative † Not done Result of tests for anti-HBe (date and year): † Positive † Negative † Not done
Any symptoms of AIDS? Result of tests for HIV made (date and year): † Positive † Negative † Not done
Symptoms of any other infections disease?
Does the urine contain? Sugar? Albumen? Phenylketone?
Stools (diarrhoea, constipation): Examination for parasites: † Positive (species): † Negative † Not done
Is there any mental disease or retardation of the child?
Give a description of the mental development, behaviour and skills of the child. This is of particular value for advising the prospective parents.

Any additional comments?

Signature and stamp of the examining physician

Date