HCCH

Connecter Protéger Coopérer Depuis 1893
Connecting Protecting Cooperating Since 1893
Conectando Protegiendo Cooperando Desde el 1893

Recommended Model Forms for use under the 1993 Adoption Convention

Child

Recommended Model Form No 3

Medical report on the child (Art. 16)

Recommended Model Form No 3

Medical report on the child (Art. 16)

Recommended Model Form No 3
Medical report on the child (Art. 16)

ARTICLE 16 OF THE 1993 ADOPTION CONVENTION

Article 16

*(1) If the Central Authority of the State of origin is satisfied that the child is adoptable, it shall (a) prepare a report including information about his or her identity, adoptability, background, social environment, family history, **medical history** including that of the child's family, and any special needs of the child; […]*

(2) It shall transmit to the Central Authority of the receiving State its report on the child, proof that the necessary consents have been obtained and the reasons for its determination on the placement, taking care not to reveal the identity of the mother and the father if, in the State of origin, these identities may not be disclosed.

EXPLANATORY SECTION[1]

1. What has been included in this Recommended Model Form?

This Form follows one of the aspects of the report on the child content mentioned in Article 16(1) of the 1993 Adoption Convention. Namely: medical history including that of the child's family, and any special needs of the child.

2. When should this report be drafted?

This report should be prepared once the Central Authority of the State of origin is satisfied that the child is adoptable.

Competent authorities of the relevant Contracting State should ensure that this form is preserved (see Arts 9(a), 30 and 31 of the Convention).

3. What about the protection of personal data?

Article 16(2) provides that authorities should take care "not to reveal the identity of the mother and father if, in the State of origin, these identities may not be disclosed".

---

[1] This Model Form may be adapted in light of domestic laws. For example, depending on States' domestic laws, some of the information appearing in this form may not be shared with prospective adoptive parents; and personal data should not be revealed until after matching has taken place.

This Model Form complements any report on the child drafted previously or at the time of their placement in alternative care, as well as Recommended Model Form No 2: Report on the child (Art. 16).

Thus, each State will need to adapt the report according to the State's own requirements and restrictions relating to the law on data protection.

4. **Is the use of this Model Form compulsory?**

No, it is only a Recommended Model Form, which may need to be adapted by each State.

RECOMMENDED MODEL FORM

Medical report on the child (Art. 16)

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:	----------	
Gender:	----------	
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 their mother:		from _____ (date) to _____ (date).
	☐ with relatives:		from _____ (date) to _____ (date).
	☐ in private care:		from _____ (date) to _____ (date).
	☐ in institution or hospital:		from _____ (date) to _____ (date).
	Please state the name of the institution or institutions concerned:		_____
Has the child had any diseases during the past time?	☐ Yes	☐ Ordinary children's diseases (whooping cough, measles, chicken-pox, rubella, mumps)	_____
		☐ Tuberculosis	_____
		☐ Convulsions (incl. Febrile convulsions)	_____
		☐ Any other disease	_____
		☐ Exposition to contagious disease	_____
		Please indicate the age of the child in respect to each disease, as well as any complication:	_____
	☐ No		
	☐ Do not know		
Has the child been vaccinated against any of the following diseases?	☐ 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:	_____
		☐ Hepatitis A. Date of injection:	_____

		☐ Hepatitis B. Date of injection:	_____
		☐ Other immunisations. Please specify which one and the date(s) of injection:	_____
	☐ No		
	☐ Do not know		
Has the child been treated in hospital?	☐ Yes. Please state the name of the hospital, age of child, diagnosis, and treatment:		_____
	☐ No		
	☐ Do not know		
If possible, give a description of the mental development, behaviour and skills of the child:	**Visual:**	When was the child able to fix?	_____ ☐ Do not know
	Aural:	When was the child able to turn their head in reaction to sounds?	_____ ☐ Do not know
	Motor:	When was the child able to sit by themselves?	_____ ☐ Do not know
		Stand by support?	_____ ☐ Do not know
		Walk without support?	_____ ☐ Do not know
	Language:	When did the child start to prattle?	_____ ☐ Do not know
		Say single words?	_____ ☐ Do not know
		Say sentences?	_____ ☐ Do not know
	Contact:	When did the child start to smile?	_____ ☐ Do not know
		How do they react towards strangers?	_____ ☐ Do not know

		How do they communicate with adults and other children?	_____ ☐ Do not know
	Emotional:	How does the child show emotions (anger, uneasiness, disappointment, joy)?	_____ ☐ Do not know

Medical examination of the child

Date of the medical examination:	_____	
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 infectious 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: _____.

HCCH - Permanent Bureau

Churchillplein 6b
2517 JW The Hague
Netherlands

Tel.: +31 70 363 3303
Fax: +31 70 360 4867
secretariat@hcch.net
www.hcch.net

HCCH

Connecter Protéger Coopérer Depuis 1893
Connecting Protecting Cooperating Since 1893
Conectando Protegiendo Cooperando Desde el 1893

Hague Conference on Private International Law
Conférence de La Haye de droit internationa privé
Conferencia de La Haya de Derecho Internacional Privado