



Home Evaluation and Placement Services
Bureau of Social Services Administration
Division of Public Welfare
Department of Public Health and Social Services



INSTRUCTIONS

FOR

MEDICAL HISTORY REPORT

Below are the instructions for completing the medical history report for an applicant/petitioner/party who may apply for Adoption/Termination of Parental Rights (TPR), Custody, Guardianship, Foster, Child Care Center, Inter-Country Adoption Board (ICAB), United States Citizenship and Immigration Services (USCIS), or Off-Island Request for Placements.

This form is to be completed and certified by a physician.

To ensure the medical history report is complete, please read and follow the instructions below. Please type or print legibly in black or blue ink.

1. Enter the last, first name and middle initial, date of birth, gender, height, weight, eye color, hair color, and body mass index (BMI) of the applicant/petitioner/party requesting the medical history report.
2. Enter the physician's name, telephone number, name and address of the clinic.
3. On the personal history section, the physician must check the applicant's/petitioner's/party's past and/or current medical condition(s) listed. For every condition checked, briefly describe and specify the item number of the condition(s) being described. Use the back of paper if additional space is needed.
4. Answer all questions with Yes or No. Check the appropriate boxes. If "Yes", please specify (i.e., type, frequency, duration, etc).
5. **Physician Certification:** The physician must place a check mark whether the applicant/petitioner/party is free from infectious diseases, in good health and able to provide care to a child, or in poor health and unable to provide care to a child.

Upon completion, the physician must sign and date the medical history report. The physician's signature will certify that the information provided is true, correct and complete to the best of his/her knowledge.