



# HEARTS & HOMES FOR YOUTH, INC.

3919 National Drive ♥ Suite 400 ♥ Burtonsville, MD 20866

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## PHYSICAL EXAMINATION VERIFICATION

*This is to certify that I have examined the below named foster parent applicant/applicant's relative and based on the examination/medical history found him/her to be in good general health and free from obvious communicable diseases*

Name:

Birth Date:

Date of Physical Examination:

TB Test Date:

(Must be within two years of physical examination)

TB Results:

I hereby certify that the applicant is in sufficiently good health and that placing a child in this home will not jeopardize the health or safety of a child?

Agree

Disagree

The placement of a child in this home will not jeopardize the applicant's health.

Agree

Disagree

## PATIENT RELEASE

I, \_\_\_\_\_  
(Name of Applicant) \_\_\_\_\_  
(Address of Applicant)

\_\_\_\_\_ hereby give my permission for release to **Hearts & Homes for**  
(Telephone Number)

**Youth, Inc.**, complete information about the condition of my physical, emotional, and mental health.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## TO EXAMINING PHYSICIAN:

The applicant's permission for releasing information is given below. In evaluating the applicant, this agency must be guided by your medical findings, as reported on this form. It is necessary to determine that the applicant has no communicable diseases, has a reasonable life expectancy, and is capable both physically and emotionally (to the best of your knowledge and training), of carrying out the responsibilities of parenthood.

Signature of Examining Physical:	Typed/Printed Physician's Name:
Telephone Number:	License Number:
Address:	Date: