NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF SOCIAL SERVICES

REQUEST FOR MEDICAL INFORMATION

Requesting Agency: Lee County Department of Social Services

The _____ home has applied to operate, or is operating a family foster care home.

In order to protect both the foster family and the persons who may be cared for in the home, the agency must have medical information on the family member whose name appears below prior to licensing or re-licensing the home. He/she has given the agency permission to obtain his/her medical report and to the release of information by his/her physician.

I, _____, agree to the release of pertinent information by my

physician, _____. Date: _____.

(PLEASE NOTE: This form may be completed by a physician, physician's assistant or nurse practitioner)

Name _____ Date of Birth _____

Address _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

History of Illnesses:	Yes	No		Yes	No
Tuberculosis or other pulmonary defects	_____	_____	Fainting and dizzy spells	_____	_____
Venereal Disease	_____	_____	Heart Trouble	_____	_____
Seizures	_____	_____	Serious defects of bones and joints	_____	_____
Mental or emotional disturbance	_____	_____	Other chronic or communicable disease	_____	_____
Hypertension	_____	_____	Specify is yes: _____		

Date of Examination: _____

Physical Examination: (Circle all that were examined)

Heart Lungs Abdomen Genitalia ENT Extremities Hernia Eyes

(Tuberculin Skin Test is required for foster parents only prior to initial licensure. Children must receive test only if parents have positive results.)

Date of tuberculin skin test: _____ Result: Positive _____ Negative _____

Date of chest x-ray (Required only if tuberculin test is positive): _____ Findings: _____

Please comment on any physical, mental or emotional condition or communicable/infectious disease apparent from your examination or knowledge of the above-named person which might affect persons placed in the home: _____

_____

_____

Physicians signature: _____ Date: _____ Phone: _____

Address: _____

(Physical Form: Updated/Revised 09/02)