

AAA Partners In Adoption, Inc.
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**MEDICAL REPORT FOR OTHERS IN THE HOME
18 YEARS OF AGE AND OLDER**

Please supply the following information for anyone living in the home 18 years of age and older.

Name: _____ Birthdate: _____
(Last) (First) (Middle)

Date of Most Recent Tuberculin Test: _____ Results: _____

Chest X-rays (only required if tuberculin is positive) _____

Physician's Statement:

I hereby certify that _____ is free of any communicable diseases. This person will provide no medical threat to any other person living in the same home.

Print Physician's Name: _____

Signature of Physician: _____ Date: _____