

AAA Partners In Adoption, Inc.
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**MEDICAL REPORT FOR CHILDREN IN THE HOME
UNDER 18 YEARS OF AGE**

Please supply the following information for children living in the home
under the age of 18.

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

1. Is this child in good health? YES / NO
2. Is this child up to date on immunizations? YES / NO
3. Is this child free of communicable diseases? YES / NO

Print Physician's Name: _____

Signature of Physician: _____ Date: _____