

**IN THE PROBATE COURT OF LICKING COUNTY
DIVISION OF THE COURT OF COMMON PLEAS
PERSONAL AND MEDICAL REPORT RE PETITIONER**

Case No. _____

This examination is done to determine whether the applicant's health will permit him to adopt a child. His present, as well as future, health should be considered. No information is to be given to the applicant. This form is to be mailed to Probate Court, Adoption Department, Court House, Newark, Ohio.

Name _____ Date of Birth _____

Address _____

Occupation _____ Place of Birth _____ Color or Race _____

Have you ever had: Tuberculosis _____ Epilepsy or Convulsions _____
Nervous Breakdown _____ Kidney Trouble _____ Rheumatism _____
Asthma _____ Pleurisy _____ Syphilis or Gonorrhea _____

Have you ever undergone an operation? _____ When? _____ For What? _____
Result _____

Have you ever used narcotics except when prescribed by a physician? _____

Have you ever used, or do you use, alcoholic stimulants to excess? _____

Have you within two years occupied the same room or house with a person with Tuberculosis? _____

Has any member of your family or household had Tuberculosis or Insanity? _____

Has your weight increased or decreased appreciably in the last 10 years? _____

What diseases or injuries have you had in the last 10 years other than above mentioned? _____

Mother: Age if living _____ State of Health _____
Age at death _____ Cause _____

Father: Age if living _____ State of Health _____
Age at death _____ Cause _____

Remarks on History:

AUTHORIZATION

Dr. _____: You are hereby authorized to give the Probate Court, Adoption Department, any and all information you may have regarding my condition when under observation or treatment by you, including the history obtained, findings and diagnosis.

_____, 20____

Signature of Applicant

PHYSICAL EXAMINATION

Name _____ Date of Birth _____

Weight _____ Height _____ Temp. _____ Pulse _____ B.P. _____

General Appearance _____

Eyes: Reaction pupils _____ Fundi _____ Vision _____

Is hearing normal? _____ Thyroid _____

Mouth _____

Lungs _____

Heart _____

Abdomen _____

Hernia Rings _____

Extremities and reflexes _____

Genital: Pelvic _____

LABORATORY TESTS

Urine: Color _____ Sp. Gr. _____ Alb. _____ Sugar _____

Microscopic _____

Hb. _____ RBC _____ WBC _____ Wasserman _____

Remarks on P.E.

Is there any family history of Tuberculosis? _____

Are there any indication of present of past history of venereal disease? _____

Is this patient suffering from any chronic disease detrimental to supervision and discipline of a little child? _____

Do the history and present physical condition justify you in recommending that this person be permitted to adopt a child? _____

Date _____

Examining Physician _____