connecting hearts
adoption services
connecting hearts. building families.
it's what we do!

TO BE COMPLETED BY FAMILY PHYSICIAN

for any child under 18 years of age

Name and Date of Birth: _____

Child's Height and Weight:

_____

Is this child current on all immunizations? _____ YES _____ NO

Is this child free of communicable and contagious diseases?

_____

Please comment on the health and development of this child:

_____

_____

Please comment on the level of care that this child has received in the home:

_____

_____

Date: _____

Physician's Signature: _____

Physician's Printed Name: _____

Address: _____

9373 wickham way | orlando, florida 32836 | office: 407.733.8642 | fax: 407.358.5016 | info@connectingheartsadoption.com