

Medical Instructions

Failure to follow these rules will result in having to retype the entire form as the CCAA **WILL REJECT** any documentation that is not **perfect**.

- All information must be legible.
- Do NOT change or make any corrections on original form. Example: China requires meters and kilograms NOT inches and pounds.
- Please do NOT attach any test results to form.
- NO cross offs.
- NO whiteout.
- Provide only the information asked. Example: No additional notations next to test results.
- Doctor's name, practice, address & phone number must be "stamped" or "printed neatly" on the form.
- Remember: Nothing can be dated more than 3 months prior by the submission of complete dossier to EAC. This includes all test dates.

**Certificate of General Physical Examination
For Adoption Applicant**

To Examining Physician:

Your medical report is of paramount importance to the China Center of Adoption Affairs in its examination of the adoption qualification of the adopters. You are kindly requested to file in all the blanks. Thank you for your cooperation.

Applicant's Name: _____ DOB: _____

Address: _____

Medical History

Have you ever had Tuberculosis? No/Yes

Tumor? No/Yes

Heart Disease? No/Yes

Liver Disease? No/Yes

Sexual Disease? No/Yes

Neuropathy? No/Yes

Mental Disease? No/Yes

Other Communicable Disease? No/Yes

Alcoholism or Abuse of Substance? No/Yes

Any Genetic Disease? No/Yes

Any Operations? No/Yes

PHYSICAL EXAMINATION

Height: _____ m Weight: _____ kg BMI: _____

Vision: L _____ R _____

Hearing: L: Normal/Abnormal

R: Normal/Abnormal

Heart: Normal/Abnormal

Liver: Normal/Abnormal

Lung: Normal/Abnormal

Lymph: Normal/Abnormal

Thyroid: Normal/Abnormal

Nerve System: Normal/Abnormal

Blood Test (Date of Test): _____

Blood Pressure: _____

Routine Blood Test: Normal/Abnormal

HbsAG: Negative/Positive (Date of Test): _____

Urinalysis (Date of Test): _____

Routine Urine Test: Normal/Abnormal

HIV Test (Date of Test): _____

Negative/Positive

Is the patient taking any medication?

For what purpose? _____

Physical Test Result

Are there any physical, mental, or psychological unfavorable elements of the adoption applicant which will affect the upbringing of the child? Is the adoption applicant's state of health suitable for raising a child?

Physician's Signature: _____ Date: _____

MD License No: _____
