

SAMPLE (AS COMPLETED)

MEDICAL CERTIFICATE For Prospective Adoptive Parent

Family name, first, name, middle name: _____
Date and place of birth: 4/20/58 USA
Place of permanent residence (address): _____

USA

Results of Medical Examination

Dermatologist (skin diseases): No evidence of disease 8/18/04
(Diagnosis) (Date)
Gynecologist/Proctologist (sexually transmitted diseases): _____
No evidence of disease 8/18/04
(Diagnosis) (Date)
Psychiatrist (psychological/mental diseases): No evidence of disease 8/18/04
(Diagnosis) (Date)
Phthisiologist (TB specialist): _____
No evidence of disease 8/18/04
(Diagnosis) (Date)
Narcologist (drug/alcohol abuse): No evidence of disease 8/18/04
(Diagnosis) (Date)

Blood Tests

Wasserman reaction (syphilis test): 8/10/04 Non-reactive (negative)
unit 00987079, Account E0422300876
(Date, number, result)
HIV 8/10/04 Negative
Unit 00987078, Account E042230876
(Date, number, result)
Conclusion: Healthy Male/Female

Doctor _____
(Printed name) (License# if available) (Signature)
Clinics or doctors
Seal (if available)

TO BE COMPLETED BY NOTARY PUBLIC:

Subscribed and sworn to before me this _____ day of

(Signature of Notary Public)