

Department of Children and Families  
**PHYSICIAN'S STATEMENT FOR FOSTER CARE OR ADOPTIVE APPLICANT**

DCF-357  
 3/16 (Rev.)



<b>AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION</b>					
I hereby authorize _____ To release to the Department of Children and Families The information requested below regarding my minor child as required by the Department policies for Probate Court Custodian / Guardian applicants and their child.					
Name of Child:					
Signature of Applicant:				Date:	
Address: (No. and Street)			City		State
Address: (No. and Street)			City		Zip
Applicant / or Child's Name:			DOB:		Date of Last Examination:
Weight:		Height:	Eyes:	Hearing:	
Blood Pressure:					
Heart:		Date:	Lungs:		Neuro-Muscular:
Chest X-Ray:		Date:	Results		
Blood Serology:		Date:	Results		
Urinalysis:		Date:	Results		
How long have you known the applicant (or Child)?:					
Has the applicant (or Child) had any significant chronic or active medical, familial or psychiatric conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No.   If "Yes", please describe:					
Has the applicant (or Child) had any significant hospital admissions? <input type="checkbox"/> Yes <input type="checkbox"/> No.   If "Yes", please describe:					
Please give your impression of the applicant's (or child's) health status, both physical and emotional; general prognosis for continued well-being					
Do you consider the applicant's physical and emotional condition satisfactory to provide foster care or adopt a child? <input type="checkbox"/> Yes <input type="checkbox"/> No.   If "No", please describe:					
Is the applicant (or child) free from communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No.   If "No", please describe:					
Name of Physician			Signature of Physician		
Address:		City		State   Zip	
Address:			City		Phone:
Address:			City		Date:
<b>NOTE:</b> This report should be mailed directly by the examining physician to the Department of Children and Families office listed below:					
Attention:					
DCF Office and Address:					Date: