

PHYSICAL EXAMINATION FOR FOSTER AND/OR ADOPTIVE APPLICANTS
(TO BE COMPLETED AT INITIAL APPLICATION AND RENEWAL)

Applicant's Name Lindsey Barton Date of Birth 8/8/82
Address 2026 Red Hawk Rd Prattville, AL 36067

The above-named person has applied to the Department of Human Resources to become an approved foster and/or adoptive parent. A physical examination must be completed on all persons applying to become foster and/or adoptive parents in order to determine if their present and future health will allow them to take on the care and responsibility of a child. **Physician, please print or type and return the completed form directly to:**

Chilton County Department of Human Resources

AUTHORIZATION TO RELEASE INFORMATION

Dr. Maranda Fain, CRNP:

You are hereby authorized to provide the Department of Human Resources all information you have regarding my health, including history obtained, findings of the physical examination, and any diagnoses.

Applicant's Signature Lindsey Barton Date 10/24/24

I. GENERAL MEDICAL FINDINGS

Briefly describe the applicant's medical history including any disabilities and treatment.

Migraine Headaches, GERD, benign pituitary microadenoma

Height 5'3 Weight 130 lbs. Pulse 84

Respiration 16 Blood Pressure 92/63

General Appearance A&Ox 3; well-kempt

Eyes-Vision WNL
(Record any abnormalities)

Ears-Hearing WNL
(Record any abnormalities)

Nose, Throat, Sinuses WNL
(Record any abnormalities)

Heart WNL

Lungs WNL

Genito-Urinary and Gynecological WNL

Abdomen WNL

Extremities WNL

Nervous System WNL

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II. LABORATORY FINDINGS

Urinalysis _____

Blood Count (if indicated) _____

Serology _____

T.B. Skin Test negative 0mm Read on 10/24/24

Any Special Procedures _____

III. MEDICATIONS List all medications being taken by the applicant and why they are prescribed.

Pepcid 20mg Bid prn
Ubreelvy 50mg prn migraines
Cabergoline 0.5mg 1/2 tab PO once weekly

IV. CAPACITY TO PARENT Based on your examination and knowledge of this person, do you believe the applicant has the physical, mental and emotional condition to take on the care and responsibility of a child?

☐ No ☒ Yes Please elaborate.

Name (Please print or type) _____

Signature M. Fain, FNP-C, M.D. Date 10/24/24

Address & Phone No. 7401 East Dr. Suite 102 Montgomery, AL 36117

AUM Student Health Services
Immunization Record

Patient Name: Lindsey Barton

Birthdate: 8/8/82

Allergies/Medical Alert: Bactrim + Rhocephin

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	10/22/24	10/24/24	8mm Sonofi Negative	3CA19C1	exp 12/27	QFA	MS

Initials	Signature	Initials	Signature
DM	Doreen Margott		
MS	MS in D, RN		

AUBURN UNIVERSITY MONTGOMERY
 STUDENT HEALTH CENTER
 IRMA B. MOORE HALL RM. 102
 P.O. BOX 244023
 MONTGOMERY, AL 36124-4023

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