

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

Applicant's Name Dustin Barton Date of Birth 5/30/75
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. Mareanda 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 Dustin Barton Date 10/24/24

I. GENERAL MEDICAL FINDINGS

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

Asthma, Anxiety

Height 5'10 Weight 172 lbs. Pulse 80

Respiration 17 Blood Pressure 125/60

General Appearance WNL; 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.

Albuterol inh pen
Prozac 30mg QD

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.D.

Date

10/24/24

Address & Phone No. _____

Maranda Fain, CNP
M. Fain, FNP C
7461 EAST DR. Suite 102 Montgomery, AL 36117

AUM Student Health Services
Immunization Record

Patient Name: Dustin Burton

Birthdate: 9/30/79

Allergies/Medical Alert: NKA

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	Imm Senofi negative	3CA19C1	exp 12/27	⓪FA	MR

Initials	Signature	Initials	Signature
DM	Daneta Margetta		
MR	MR in 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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