

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

Applicant's Name Kennedy Smith Date of Birth 10/28/1995

Address 282 Rifle Range Road Wetumpka, AL 36093

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:**

_____ County Department of Human Resources

AUTHORIZATION TO RELEASE INFORMATION

CNP
Dr. Lindsey Barton:

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 [Signature] Date 09/19/24

I. GENERAL MEDICAL FINDINGS

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

ADHD

Height 5'10 Weight 184.7 lb Pulse 81

Respiration 10 Blood Pressure 119/77

General Appearance WNL

Eyes-Vision R 20/13 L 20/13 corrected
(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

WNL

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II. LABORATORY FINDINGS

Urinalysis normal

Blood Count (if indicated) N/A

Serology N/A

T.B. Skin Test Negative - see attached

Any Special Procedures N/A

III. MEDICATIONS

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

Adderall 10mg QD - ADHD

Norethindrone - estradiol birth control

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)

Lindsey Barton, CRNP

Signature

[Signature]

CRNP
M.D.

Date

9/17/24

Address & Phone No.

7401 East Dr. Montgomery, AL 36117
354-244-3281