

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

Applicant's Name Kayla Dawn Metz Date of Birth 03/22/1988
Address 290 River Stone Way Electric Ar 36024

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:

Elmore

County Department of Human Resources

AUTHORIZATION TO RELEASE INFORMATION

Dr. _____

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 Kayla Metz

Date 10/31/22

I. GENERAL MEDICAL FINDINGS

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

No past medical history

Height 5'6 Weight 179.1 Pulse 81
Respiration 16 Blood Pressure 116/82
General Appearance Well kept; A#0X3
Eyes-Vision Normal (Record any abnormalities)
Ears-Hearing Normal (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

Any Special Procedures

Gluc ⊖, WBC ⊖, Bil ⊖.
Leuks - 500, pH 7, Nit ⊖, Pro (neg), Ket (neg), Bld ⊖

III. MEDICATIONS

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

Claritin 10mg OD

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

Address & Phone No.

Lindsey T. Barton, CRP

L. Barton, CRP

M.D. Date

10/31/22

7461 EAST DR. Suite 102
Montgomery, AL 36117