

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ADOPTION OF _____

CASE NO. _____

PHYSICIAN'S REPORT ON CHILD TO BE ADOPTED

Age _____ Height _____ Percentile (%) _____ Weight _____ Percentile (%) _____

Health: Healthy
 Has the following health problems: _____

Any communicable diseases? _____

Please comment on developmental status: _____

Medications: _____

Immunizations: Up to date
 Needs the following: _____

Comments: _____

Date of last physical exam _____

Date this form was completed _____

Doctor's name (printed) _____

Doctor's phone number _____

Doctor's signature _____