

SCHEDULE III
[See regulations 2(13), 6(15), 7(18), 58(5)(a) and 58(6)(a)]

MEDICAL EXAMINATION REPORT OF THE CHILD

A duly registered physician should complete the report. If any information is not available, please state "Not Available".

(if the child is below 1 year, he/she should be examined by Paediatrician)

Child Adoption Resource Information and Guidance System (CARINGS)

Registration No.

Health Status: Normal/Special Need

Date of Admission:

Name of the Specialised Adoption Agency:

Name of the Child Care Institution:

A. General Information

1. Name of the child :
2. Date and year of birth :
3. Sex:
4. Place of birth:
5. Nationality:
6. Name of the present institution: Placed since:
7. Weight at birth (in kg. at admission): kg.
8. Head Circumference :
9. Length at birth (in cm. at admission): cm.
10. Was the pregnancy and delivery normal? Yes or No or Do not know
11. Where has the child been staying?
With his or her mother: from to
With relatives: from to
In private care: from to
In institution or hospital: from to

(Please state the name of the institution or institutions concerned)

Note: In case of new born children, refer to Medical Test for different age groups in **Schedule IV** [paragraph (A) New Born].

B. Medical Details

1. Has the child had any diseases during the past ? (if yes, please indicate the age of the child in respect to each disease, as well as any complication): Yes or No or Do not know

2. If yes:
 Children's ordinary diseases (whooping cough, measles, chicken-pox, rubella, mumps):
 Tuberculosis:
 Convulsions (incl. Febrile convulsions):
 Any other disease:
 Exposure to contagious disease:

3. Has the child been vaccinated against any of the following diseases:
 Yes or No or Do not know

4. If yes:

Tuberculosis (B.C.G.)	Date of immunisation:
Diphtheria	Date of immunisation:
Tetanus	Date of immunisation:
Whooping cough	Date of immunisation:
Poliomyelitis	Date of immunization:
Hepatitis A	Date of immunisation:
Hepatitis B	Date of immunisation:
MMR (Measles)	Date of immunization:
Other immunizations	Date of immunisation:

5. Has the child been treated in hospital?
 Yes or No or Do not know

6. If yes state name of hospital, age of child, diagnosis, and treatment:

7. Give, if possible, a description of the mental development, behaviour and skills of the child.

(i) Visual	When was the child able to fix?
(ii) Aural	When was the child able to turn its head after sounds?
(iii) Motor	When was the child able to sit by itself?
	When was the child able to stand with support?
	When was the child able to walk without support?
(iv) Language	When did the child start to speak monosyllables?

	When did the child start to say single words?
	When did the child start to speak sentences?
(v) Contact	When did the child start to smile?
	How does the child communicate with adults and other children?
	How does the child react towards strangers?
(vi) Emotional	How does the child show emotions (anger, uneasiness, disappointment, joy)?

C. Medical Examination Details:

1. Date of the Medical Examination

2. Colour of hair:

3. Colour of eyes:

4. Colour of skin:

5. Through my complete clinical examination of the child I have observed the following evidence of disease, impairment or abnormalities (in case applicable):

- (i) Head (form of skull, hydrocephalus, craniotabes)
- (ii) Mouth and pharynx (harelip or cleft palate, teeth)
- (iii) Eyes (vision, strabismus, infections)
- (iv) Ears (infections, discharge, reduced hearing, deformity)
- (v) Any dysmorphic facies? If yes, describe
- (vi) Organs of the chest (heart, lungs)
- (vii) Lymphatic glands (adenitis)
- (viii) Abdomen (hernia, liver, spleen)

- (ix) Genitals (hypospadias, testis, retention)
- (x) Spinal column (kyphosis, scoliosis)
- (xi) Extremities (pes equines, valgus, varus, pes calcaneovarus, flexation of the hip, spasticity, paresis)
- (xii) Skin (eczema, infections, parasites)
- (xiii) Other diseases?

6. Are there any symptoms of syphilis in the child? Result of syphilis reaction made (date and year): Positive or Negative or Not done

7. Any symptoms of tuberculosis?
Result of tuberculin test made (date and year): Positive or Negative or Not done

8. Any symptoms of Hepatitis B?

Result of tests for Hbs Ag (date and year): Positive or Negative or Not done
Result of test for anti-HBs (date and year): Positive or Negative or Not done
Result of tests for HBeAg (date and year): Positive or Negative or Not done
Result of tests for anti HBe (date and year): Positive or Negative or Not done

9. Any history of Jaundice and blood transfusion?

Results of tests for HBsAG (date and year)?

If positive, whether specialist consultation taken (yes/ no, date and year); and further tests/ treatment undertaken (attach a copy of the documents)

10. HIV Test (refer to Standard Medical Test at **Schedule IV**)
HCV (Hepatitis C) (refer to Standard Medical Test at **Schedule IV**)

11. Does the urine contain:
Sugar?

Albumen? Phyenylketone?
12. Stools (diarrhoea, constipation): Examination for parasites: Positive or Negative or Not done
13. Is there any mental disorder or retardation of the child?
14. Give a description of the mental development, behaviour and skills of the child.
15. Any additional comments? Note: <ol style="list-style-type: none"> 1. Refer to Infants between 1 month to 1 year of age in Section 'B' of Medical Test in Schedule IV. 2. Refer to Age 1-3 years and more than 3 years of Medical Test in Schedule IV [paragraph (C)].

D. Report concerning the psychological and social circumstances of the child (wherever required, assistance may be taken from special educator, physiotherapist, speech therapist and the social worker)

Please decide on each heading.	
(i) Activity with toys (age appropriate as applicable):	
1. The child's eyes follows rattles or toys, that are moved in front of the child	
2. The child holds on to a rattle	
3. The child plays with rattles: putting it in the mouth, shaking it, moving it from one hand to the other etc.	
4. The child puts cubes on top of each other.	
5. The child plays purposely with toys: pushes cars, puts dolls to bed, feeds dolls etc.	
6. The child plays role-play with toys with other children.	

7. The child draws faces, human beings or animals with distinct features.	
8. The child cooperates in structured games with other children (ballgames, card games etc).	
(ii) Vocalization or language development (age appropriate as applicable):	
1. The child vocalizes in contact with caregiver	
2. The child repeats different vowel-consonant combinations (ba-ba, da-da, ma-ma etc.)	
3. The child uses single words to communicate	
4. The child speaks in sentences	
5. The child understands prepositions as: on top of, under, behind etc.	
6. The child uses prepositions as: on top of, under, behind etc.	
7. The child speaks in past tense	
8. The child writes his own name	
9. The child reads simple words	
10. Any other observation	
(iii) Motor development (age appropriate as applicable):	
1. The child turns from back to stomach from age: _____	
2. The child sits without support from age: _____	
3. The child crawls or moves forward from age: _____	
4. The child walks with support of furniture from age: _____	
5. The child walks alone from age: _____	

6. The child climbs up and down stairs with support from age: ____

7. The child climbs up and down stairs without support from age: __

(iv) Contact with adults (age appropriate as applicable):

1. The child smiles in contact with known caregiver

2. The child is more easily soothed when held by known caregiver

3. The child cries or follows known caregiver, when the caregiver leaves the room

4. The child actively seeks known caregiver when he or she is upset or has hurt him or herself

5. The child seeks physical contact with all adults, that come into the ward

6. The child communicates his feeling in words to caregivers

(v) Contact with other children (age appropriate as applicable):

1. The child shows interest in other children by looking or smiling at their activity

2. The child enjoys playing beside other children

3. The child engages actively in activities with other children

(vi) General Level of Activity:

1. Active 2. Overactive 3. Not Very Active

(vii) General mood :

1. Sober

2. Emotionally indifferent

3. Fussy, difficult to soothe

4. Happy, content

In case of special needs child, specify the category of the child.

Overall Observation of the child:

**Signature of the Examinee Physician
Designation and
Registration No.
Stamp
Date**

E. Acceptance of Medical Examination Report by Prospective Adoptive Parent(s)

We have read and understood the contents of the **Medical Examination Report** and are willing to accept _____ as our adoptive child.

(Signature of the male applicant)

(Signature of the female applicant)

(Name of the male applicant)

(Name of the female applicant)

Date:
Place:

Date:
Place: