FORMAT FOR MEDICAL EXAMINATION REPORT (MER) OF CHILD

photo

A duly licensed physician should complete the report. If any information is not available, please state 'unknown'

A. GENERAL INFORMATION

1. NAME OF CHILD:
2. DATE AND YEAR OF BIRTH :
3. SEX:
4. PIACE OF BIRTH :
5. NATIONALITY :
6. DATE AND YEAR OF HER BIRTH:
7. DATE AND YEAR OF HIS BIRTH:
8. NAME OF THE PRESENT INSTITUTION : placed since:
9. Weight at birth : kg At admission : kg
10. Length at birth : cm At admission cm
11. Was the pregnancy and delivery normal?
12. 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 below the name of the institution or institutions concerned)

B. MEDICAL DETAILS

1. Has the child had any diseases during the past time? (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
   Ordinary children's 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 immunization
Diphtheria?	Daye of immunization
Tetanus?	Date of immunization
Whooping cough?	Date of immunization
Poliomyelitis?	Date of immunization
Hepatitis A?	Date of immunization
Hepatitis B?	Date of immunization
Other immunization?	Date of immunization

5. Has the child been treated in hospital?
6. if yes state name of hospital , age of child , diagnosis , and treatment:
7. Give if possible ,a description of the mental development , behavior and skills of the child .

a) Visual	When was the child able to fix?
b) Aural	when was the child able to turn its head after sounds?
c) Motor	When was the child able to sit by itself?
	When was the child able to stand with support?
	Walk without support?
d. Language	When did the child start to prattle?
	When did the child start to say single words?
	WHEN DID THE CHILD START TO SPEAK SENTENCES?
e. CONTACT	When did the child start to smile?
	How does the child communicate with adults and other children?

c. Medical Examination details:

1. Date of the medical examination
2. Weight: kg Date
3. Height; kg date
4. Head circumference Cm date
5. Color of hair: Color of Eye: Color of Skin:
6. Through my complete clinical examination of the child I have observed the following Evidence of disease, impairment or abnormalities of;

7. Head (from of skull, hydrocephalus, craniotabes)
8. Mouth and pharynx (harelip or cleft palate, teeth)
9. Eyes (vision, strabismus, infection)
10. Eyes (infections, discharge, reduced hearing, deformity)
11. Organs of the chest (heart, lugs)
12. Lymphatic glands (adenitis)
13. Abdomen (head liver, spleen)
14. Genitals (hypospadias testis retention)
15. Spinal column (kyphosis scoliosis)

16. Extremities (peps equines, valgus, virus, peps calcaneovarus, flexation of the hip, SPASTICTY PARESIS

17. SKIN (eczema, infections, and parasites)
18. Other diseases?
19. Are there any symptoms of syphilis in the child?
Result of syphilis reaction made (date and year): positive or negative or not done

20. Any symptoms of tuberculosis?
Result of tuberculin test made (date and year): positive or negative or not done
22. Any symptoms of Hepatitis B?
Result of tests for Hobs Ag (date and year): positive or negative or not done
Result of tests for anti –HBS (date and year); positive or negative or not done
Result of tests for Hear (date and year) : positive or negative or not done
RESULT of tests for anti HBE (DATE AND YEAR); Positive or negative not done

23. Any symptoms of HIV?
Result of tests for HIV MADE (DATE and year);positive or negative or not done
24. Dose the urine contain
Sugar?
Albumen?
Phyenylketone?
25. Stool (diarrhea, constipation):
26. Is there any mental disease or retardation of the child?
27. Give a description of the mental disease, behavior and skills of the child. This is of particular value for advising the prospective parents
28. Any additional comments?

c. 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.

1. Activity with toys:
a. The child eyes follows rates or toys , that are moved in front of the child
b. The child holds on to rattle
c. The child plays with rattles: putting it the mouth, shaking it, moving it from one hand to the other etc.
d. The child puts cubes on top of each other
e. The child plays purposely with toys: pushes cars, puts dolls to bed, feeds dolls etc.
f. The child plays role - play with toys with other children
g. The child draws faces , human beings or animals with distinct features
h. The child cooperates in structured games with other children (ballgames, card games etc.)

2. VOCALIZATION OR LANGUAGE DEVLOPMENT:
a. The child vocalizes in contact with caregiver

b. The child repeats different vowel – consonant
Combinations (babe, -ba-ba, ma- ma, etc.)
c. The child uses single words to communicate needs
d. The child speaks in sentences

5. CONTACT WITH OTHER CHILDREN:
a. The child shows interest in other children by looking or smiling at their at their activity
b. The child enjoys playing beside other children
c. The child engages actively in activities with other children
6. GENERAL LEVEL OF ACTIVITY:
a. Positive
b. Active
c. Overactive
7. GENERAL MOOD;
a. sober, serious
b. emotionally indifferent
c. fussy, difficult to soothe
d happy, content

SIGNATURE ……
STAMP OF THE EXAMINING PHYSICLAN DATE

E.ACCEPTANCE OF MER BY Prospective adopting parent.

WE HAVE READ AND UNDERSTOOD THE CONTENTS OF THE MDICAL EXAMINATION REPORT AND ARE WILING TO ACCEPT .....AS OUT ADOPTIVE CHILD.

(SIGNATURE OF THE MALE APPLICANT) (SIGNATURE OF FEMALE APPLICANT)

(NAME OF THE MALE APPLICANT) (NAME OF FEMALE APPLICANT)

DATE:

PLACE:
……..

Note: Please return this document through your embassy or Agency with covering letter to ICAB for your final consent.