PARTICULARS RELATING TO CHILD

Confidential: Please mail (postal/courier) or hand deliver original completed documents to the Child Development Agency

	DATE OF BIRTH		
ADDRESS:	NATIONALITY		
WEIGHT AT BIRTH:	WHAT AGE DID CHILD WALK?		
(STATE IF PREMATURE) WAS MOTHER'S CONFINEMENT NORMAL OR INSTRUMENTAL?	WHAT AGE DID CHILD TALK?		
CHILD WAS: (A) ENTIRELY BREAST FED	HAS CHILD ANY RIGHT OR INTEREST IN PROPERTY?		
(B) PARTIALLY BREAST FED (C) ENTIRELY BOTTLE FED	(IF YES, GIVE PARTICULARS)		
(STRIKE OUR AS APPROPRIATE)	CHILD'S LIFE INSURANCE:		
WAS CHILD BAPTISED? PLACE OF BAPTISM: DENOMINATION:	WHY IS THE CHILD BEING OFFERED FOR ADOPTION?		
	/ HISTORY		
MOTHER	FATHER		
NAME: (SURNAME) (CHRISTIAN NAMES)	NAME: (SURNAME) (CHRISTIAN NAMES)		
ADDRESS.	ADDRESS.		
AGE: RELIGION:	AGE: RELIGION:		
MARITAL STATUS:	MARITAL STATUS:		
HUSBAND'S FULL NAME:	WIFE'S FULL NAME:		
SEX AND AGE OF OTHER CHILDREN:	SEX AND AGE OF OTHER CHILDREN:		
	IS THERE ANY FAMILY HISTORY OF—		
INSANITY?	INSANITY?		
TUBERCULOSIS?	TUBERCULOSIS?		
OTHER DISEASES?	OTHER DISEASES?		
DOES SHE CONSENT TO ADOPTION?	DOES SHE CONSENT TO ADOPTION?		
(IF NO STATE REASON)	(IF NO STATE REASON)		
IF DEAD, DATE OF DEATH:	IF DEAD, DATE OF DEATH:		
ARE PARENTS SEPARATED?	IS SEPARATION ORDER IN FORCE?		
	CHILD:		
	'S MAINTENANCE?		
·			
IF CHILD HAS GUARDIANS STATE:			
	DDRESS:		
(SURNAME) (CHRISTIAN NAMES)			
NAME: Al	DDRESS:		
(SURNAME) (CHRISTIAN NAMES)			
HOW AND BY WHOM WERE THEY APPOINTED?			
DO THEY CONSENT TO ADOPTION?(IF NO STATE REASON)			
ARE ANY OTHER PERSONS LIABLE TO CONTRIBUTE TO C	CHILD'S SUPPORT?		
DO THEY CONSENT TO ADOPTION? (IF NO STATE REASON)			
SIGNATURE: ADOPTION OFFICER	DATE:		

FORM F

MEDICAL REPORT

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DATE OF APPEARANCE AN	ID EXAMINATIO	N:					
HEIGHT: WEIGHT:				STATE OF NUTRITION GOOD FAIR POOR (STRIKE OUT AS APPROPRIATE)			
HAS THE CHILD HAD: CHICKEN POX DIPHTHERIA	(ANSWER YES OR NO) MALARIA	MEASLES	MUMPS	TYPHOID FEVER	WHOOPING COUGH		
HAS CHILD HAD FITS? (IF YES STATE THE NATURE)							
HAS CHILD ANY PHYSICAI	L DEFORMITIES	?					
HAS CHILD BEEN VACCINA	ATED?						
IN SO FAR AS YOU ARE AB	BLE TO DETERM	INE:					
IS CONTROL OF BOW	ELS AND BLAD	DER NORMAI	L FOR THE CHI	LD'S AGE?			
ARE BEHAVIOUR, SP	EECH AND ART	ICULATION N	ORMAL FOR T	HE CHILD'S AGE?			
IS MENTAL AND PHYSICAL	L DEVELOPMEN	T NORMAL FO	OR THE CHILD	'S AGE?			
IS THERE ANY EVIDENCE	OF THE FOLLOW	VING: (IF YES ST	ΓATE TYPE AND EΣ	XTENT)			
SYPHILIS:(STATE LAB TESTS APPLIE							
OTHER VENERAL DIS (STATE LAB TESTS APPLIE							
TUBERCULOSIS:							
OTHER DISEASE OF T	ΓHE LUNGS:						
DISEASE OF THE HEA	ART:						
IS THERE ANY AFFECTION	OF THE SKIN? .			HAS THERE BEEN	?		
IS THERE ANY AFFECTION	OF THE EYES?			HAS THERE BEEN	J?		
IS SIGHT NORMAL? .							
HAS THERE BEEN ANY DIS	SCHARGE FROM	THE EARS?					
ANY SERIOUS EAR T	ROUBLE?		IS H	EARING NORMAL?			
ARE NOSE AND THROAT IN	N HEALTHY CON	NDITION?					
HAS THE CHILD ANY INFE	CTIOUS OR CON	TAGIOUS DIS	SEASE?				
IF THE CHILD APPEARS TO	HAVE BEEN NE	EGLECTED OR	R IMPROPERLY	FED DO YOU CONSIDE	ER THAT GOOD NURSING		
AND PROPER CARE WOUL	D MAKE THE CH	HILD SUITABL	LE FOR ADOPTI	ON?			
GIVE PARTICULARS OF AN	Y CONDITION 1	NOT MENTION	NED, ABOUT W	HICH YOU CONSIDER A	AN ADOPTER SHOULD BE		
INFORMED:							
NAME: Medical	Examiner		S	SIGNATURE:			
QUALIFICATION:							
ADDRESS:				DATI	E		