

# HEALTH SCREENING REPORT – RESOURCE PARENT

All applicants and approved resource parents of Foster Family Agency must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

**A health screening, by or under the direction of a physician must be performed prior to approval and every two years following approval.**

FACILITY NAME

Serenity Foster Care and Adoption

FACILITY ADDRESS

600 S. Grand Ave, Covina, CA 91724

PERSON'S NAME

DOB

POSITION TITLE

TYPE OF FACILITY

DUTY STATEMENT

Resource Family Home

TYPES OF PERSONS SERVED (Circle appropriate items)

- |  |                                  |   |   |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Infants               | <input type="checkbox"/> Adults  | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Children              | <input type="checkbox"/> Elderly | <input type="checkbox"/> Mentally Disordered      | <input type="checkbox"/> Drug/Alcohol Addiction |
| <input type="checkbox"/> Other (specify) _____ |                                  |   |   |

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/RESOURCE PARENT

ADDRESS

DATE

**NOTE TO PHYSICIAN:** All applicants and approved resource parents of Foster Family Agency shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST

- POSITIVE  
 NEGATIVE

ACTION TAKEN (IF POSITIVE)

DATE OF HEALTH SCREENING

NAME OF PHYSICIAN (PHYSICIAN'S STAMP)

DATE

HEALTH SCREENING BY: (ORIGINAL SIGNATURE)

TELEPHONE #

DATE