



"It Takes A Village"

**Physician's Statement Form**

Foster/Adoptive Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Note to physician: The person identified above has applied to become a foster/adoptive parent with Credence Village. Our agency serves children who come from chaotic abuse and neglect backgrounds and who may exhibit pronounced emotional and behavioral problems.

As part of the application process, we require applicants to obtain a physician's statement certifying that she/he meets the following criteria:

1. Is considered free of communicable or infectious disease;
2. Has no known physical or mental condition which would be hazardous to, or impact negatively a foster/adoptive child(ren);
3. Is considered able to accept responsibility for a foster/adoptive child(ren) without risking his/her own health.

History of significant medical problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physician's statement:** Based on my knowledge of this patient, I find that she/he is physically and mentally capable to be verified as a foster/adoptive parent and meets the criteria above.

Comments: \_\_\_\_\_

\_\_\_\_\_

**Physician's Name (print):** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Thank you for your assistance! Please return form to Credence Village, Inc.**