



LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA

7410 New Hampshire Ave
Takoma Park, MD 20912
Phone: (301) 434-0080

4406 Georgia Avenue, NW
Washington, D.C. 20011
Phone: (202) 723-3000
Fax: (202) 723-3303

7401 Leesburg Pike
Falls Church, VA 22043
Phone: (703) 698-5026
Fax: (703) 698-7121

MEDICAL REPORT FORM

I certify that I have evaluated the physical condition of _____ on

_____.

My findings indicate that:

1. He/she is is not free from communicable and contagious disease.
2. TB Test _____
Date _____ Results _____
3. He/She has has no a history of drug/alcohol abuse
4. He/she has has no mental health challenge that would preclude working with children
4. His/her health will will not jeopardize the health or safety children

Comments: _____

Please direct all correspondence and inquiries to the **Lutheran Social Services of the National Capital Area, Adoption Services** office location indicated below:

4406 Georgia Avenue, NW, Washington, DC, 20011, (202) 723-3000

Attn: _____

Physician's signature

Printed or Typed Name

Physician's Address

Date