

PHYSICIAN'S STATEMENT

Please review the Health Disclosure on page 1 of this form. The purpose of the **Physician's Statement** is to determine whether the patient is physically, emotionally, and mentally able to provide a home for a child with developmental disabilities or for a vulnerable adult. Responsibilities may include: 24-hour supervision, personal care, transportation, positive behavior management, providing follow-up care and medical treatment, and administering medication.

PATIENT'S NAME _____ LENGTH OF TIME IN YOUR CARE _____
(Last, First, M.I.)

CURRENT STATUS OF PATIENT'S GENERAL PHYSICAL HEALTH _____

CURRENT STATUS OF GENERAL EMOTIONAL HEALTH, IF KNOWN _____

WOULD ANY OF THE OVER-THE-COUNTER OR PRESCRIPTION MEDICATIONS REGULARLY USED BY THE PATIENT INTERFERE WITH THE SAFE CARE AND SUPERVISION OF CHILDREN OR VULNERABLE ADULTS (e.g., drowsiness, disorientation, lack of concentration, etc.)

Yes No If yes, explain: _____

DOES THIS PATIENT HAVE A MEDICAL, EMOTIONAL, OR OTHER CONDITION THAT COULD INTERFERE WITH THE ABILITY TO CARE FOR, NURTURE, OR SUPERVISE CHILDREN OR VULNERABLE ADULTS (e.g., restrictions on lifting, lack of strength or stamina, unusual stressors, communicable disease, etc.)

Yes No If yes, explain and provide your recommendations to limit risk to the health or well-being of either the patient or children/vulnerable adults placed in the home. _____

PHYSICIAN'S NAME _____ LICENSE NO. _____
(Please Print)

ADDRESS (No., Street, City, State, ZIP) _____

PHYSICIAN'S SIGNATURE _____ DATE _____

Please send this completed Physician's Statement to the agency specified below. If you have any questions regarding this form, the purpose of the exam, or if you wish to add to your comments, please contact the agency below.

AGENCY SPECIALIST'S NAME _____

AGENCY'S NAME _____ PHONE NO. _____

AGENCY'S ADDRESS (No., Street, City, State, ZIP) _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.