



San Mar Children's Home, Inc.
Treatment Foster Care Program

8504 Mapleville Road, Boonsboro, Maryland 21713
(301) 733-7070 Fax (301) 733-3114

REQUEST FOR MEDICAL INFORMATION

Date: _____

_____ is a member of a family desiring to care for foster children in their
Name
home. This information is for confidential use. Please indicate any health issues that would affect the health
or safety of others residing in this home. Your assistance is greatly appreciated. A treatment foster care
provider and any other person residing in the home of providers is required to have a routine physical every
two years. When was the last time this person had a physical?

Would a foster child be at risk, physically, if he or she resided in the home with the above-named
individual? No _____ Yes _____? If yes, please explain why:

A test for tuberculosis is
required every two years.
When was this person last
tested? _____
What was the
result? _____

Foster parenting can be a stressful job. Is there any existing medical or
psychiatric condition that would prevent this person from providing
foster care?
No _____ Yes _____
If so, what is this condition? _____

Have there been any periods of hospitalizations over the past two years?
No _____ Yes _____

If so, for what? _____

Is this person taking any prescribed medication on a long-term basis? No _____ Yes _____? If yes,
what medication is being prescribed? Please list medication, dosage and frequency:

Table with 3 columns: Medication, Dosage, Frequency. Includes three rows of blank lines for data entry.

Do you see any reason this person should not be around foster children of any age? If so, why?

Printed Name of Physician: _____

Address: _____

Signature of Physician: _____