



PHYSICAL EXAM VERIFICATION FAMILY FOSTER HOMES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 974 (1-2022)

Directions: Effective October 1, 2019, prior to department approving an initial foster care license, the applicant(s) shall submit verification of a completed physical examination dated within 12 months of the date of application to provide foster care for children. All foster parents must also complete the Declaration of Good Health (SFN 972) initially and annually thereafter.

Applicant Name		
Authorized Licensing Agent <input type="checkbox"/> NDDHS <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Youthworks <input type="checkbox"/> Other (specify):		
The above-named individual completed a physical examination of health in the past 12 months by a medical professional in our office/clinic.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Exam

MEDICATIONS

Is the applicant prescribed and taking any medication?
 Yes No

Do the medications prescribed significantly inhibit the ability of the individual to efficiently carry on the parental duties required of them?
 Yes No NA

Physical Exam Determination

Based on the completion of the physical examination, the above-named individual **can** provide care to children.

Based on the completion of the physical examination, the above-named individual **cannot** provide care to children.

Based on the completion of the physical examination, the above-named individual **can with supports**, provide care to children. Identify supports recommended in the comments below.

Comments: Define/Detail strengths or limitations

SIGNATURE

Medical Facility Name	Medical Professional Name (Print)
Medical Professional Signature	Date

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