



## PHYSICAL EXAM VERIFICATION FAMILY FOSTER HOMES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 974 (4-2024)

**Directions:** Effective October 1, 2019, prior to the 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.

Applicant Name		
Authorized Licensing Agent <input type="checkbox"/> HHS- CFS Licensing Unit <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <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, based on my professional opinion, the above-named individual individual **is capable** to provide care to children.
- ☐ Based on the completion of the physical examination, based on my professional opinion, the above-named individual individual **is not currently capable** to provide care to children.
- ☐ Based on the completion of the physical examination, based on my professional opinion, the above-named individual **is capable with supports**, to provide care to children. Identify supports recommended in the comments below.

Comments: Detail strengths or limitations

### SIGNATURE

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

Distribution Copy:

- ☐ Authorized Licensing Agent ☐ Licensing Agency - Department File