

Helping Other People's Enrichment, Inc. ("HOPE, Inc")
P.O.Box 752
Hayes, VA 23072
Phone: 804-684-2555
Fax: 804-642-6722

Health Statement Permanent Member Foster Family Household

Name of Foster Family: _____

Address: _____

Name of Household Member: _____

Note to Physician: Please complete this form in its entirety

1. Please evaluate the household member's current health status:

2. Please indicate whether the household member is free from Tuberculosis in a communicable form:

Type of Test: ___ PPD ___ Chest X-Ray ___ Screening

Date of Test/Screening: _____

Results of Test/Screening: _____

Date of the Results of Test/Screening: _____

3. Please indicate whether, in your opinion, the health of the household member will or will not affect the care of foster children.

4. Comments/Recommendations :

Date of Evaluation: _____ Signed: _____

(Physician)

(Physician Designee)

(Official of Health Department)