



LifeSpan Family Services of PA
203 Lane Avenue
Punxsutawney, PA 15767

Phone: (814) 938-4408 Fax: 1 (814) 690-1850
www.LifeSpanFamilyServices.com

Parent Health Assessment Statement

Foster Parent applicants are responsible for obtaining a medical health appraisal prior to being approved. Every two years thereafter, another health assessment must be obtained by all approved Foster Parents.

Health assessment related costs are the responsibility of the Foster Parent Applicants.

The following is the type of general health-related information that a medical practitioner is expected to provide on behalf of the Foster Parent Applicants. A licensed physician must sign all assessments.

Resource Parent Name: _____

Based on the examination conducted, were any physical/mental health conditions identified that are likely to make it difficult for parenting-related duties to be performed on behalf of children/adolescents referred to their home? Yes:_____ No:_____

If yes, please explain:

Does the examined individual have a communicable disease, which could be spread through casual contact? Yes:_____ No:_____

If yes, what is the disease?

If yes, explain how this disease could affect how the person would perform duties as a foster parent, or how it could affect the health of children who live in their home.

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Provide the date and the results of the most recent Tuberculin Test”

Date:_____ Pos:_____ Neg:_____

Together the Foster Parent Applicants/Foster Parents and their medical practitioner will decide which communicable diseases testing will be conducted.

The signature below is verification that I have examined the above named individual. The information provided above is an accurate reflection of the examination conducted.

Name of Medical Practitioner:_____

Signature:_____ Date:_____

Note: This form must be signed by a licensed physician (MD or DO), or licensed psychologist.