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3355 Lenox Road Suite 750 Atlanta, Georgia 30326 / Phone 678-860-0849 / [www.myadoptionresources.com](http://www.myadoptionresources.com)

**PEDIATRICIAN REPORT**

***(TO BE COMPLETED BY A FAMILY PHYSICIAN)***

Name and birth date of child: \_\_\_\_\_

Is this child current on all immunizations? \_\_\_\_\_

Is this child free of communicable and contagious diseases? \_\_\_\_\_

Please comment on the health and development of this child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please comment on the level of care that this child has received in the home:

\_\_\_\_\_

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Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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**\*\*Please attach a copy of the child's current immunization record**