

FAMILY NAME: _____

DATE: _____

Please familiarize yourself with these conditions before completing this form

AMERICANS FOR INTERNATIONAL AID AND ADOPTION

MEDICAL NEEDS CHECKLIST

	Accept	Consider	Not	Accept	Consider	Not
	_____	_____	_____	_____	_____	_____
Low birth weight:						
5 lbs at birth	_____	_____	_____			
3-5 lbs at birth	_____	_____	_____			
Small for gestational age	_____	_____	_____			
Premature birth:						
36 weeks	_____	_____	_____			
34-36 weeks	_____	_____	_____			
under 34 weeks	_____	_____	_____			
Heart Disease:						
Major (requires surgery)	_____	_____	_____			
Minor (murmur)	_____	_____	_____			
Infectious disease:						
Hepatitis B carrier	_____	_____	_____			
CMV	_____	_____	_____			
VDRL	_____	_____	_____			
TB	_____	_____	_____			
HIV	_____	_____	_____			
Meningitis	_____	_____	_____			
Blood disorders:						
Thalassemia	_____	_____	_____			
Hemophilia	_____	_____	_____			
Sickle cell anemia	_____	_____	_____			
Spina bifida:						
Mild	_____	_____	_____			
Moderate	_____	_____	_____			
Severe	_____	_____	_____			
Cerebral palsy:						
Mild	_____	_____	_____			
Moderate	_____	_____	_____			
Severe	_____	_____	_____			
Other physical impairments (necessitating use of):						
Braces and crutches	_____	_____	_____			
Wheel chair	_____	_____	_____			
Birth defects:						
Facial birthmark	_____	_____	_____			
Congenital hip defect	_____	_____	_____			
Webbing of fingers	_____	_____	_____			
Webbing of toes	_____	_____	_____			
Syndactyly (fusing of digits)	_____	_____	_____			
Missing/malformed finger(s)	_____	_____	_____			
Missing/malformed toe(s)	_____	_____	_____			
Missing/malformed ear(s)	_____	_____	_____			
Missing/malformed limb(s)	_____	_____	_____			
Club foot (feet)	_____	_____	_____			
Cleft lip and palate	_____	_____	_____			
Facial cleft	_____	_____	_____			
Dwarfism	_____	_____	_____			
Other multiple defects	_____	_____	_____			
Medical Issues:						
Moderate/severe burns	_____	_____	_____			
Moderate/severe malnutrition	_____	_____	_____			
Diabetes	_____	_____	_____			

Accept Consider Not Accept

Accept Consider Not Accept

Hearing loss:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____
Deaf	_____	_____	_____

Vision loss:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____
Blind	_____	_____	_____

Speech delay:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____
No speech	_____	_____	_____

Seizure disorder:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____
Controlled with medication	_____	_____	_____

Kidney disease:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____

Developmental delays

(physical, emotional, social):

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____

Behavioral problems:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____

Attention deficits and hyperactivity:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____

Learning deficits:

Mild	_____	_____	_____
Moderate	_____	_____	_____
Severe	_____	_____	_____

History of maltreatment:

Neglect	_____	_____	_____
Physical abuse	_____	_____	_____
Sexual abuse	_____	_____	_____

Maternal/Family history:

Mild alcohol use	_____	_____	_____
Moderate alcohol use	_____	_____	_____
Significant alcohol use	_____	_____	_____
Drug use	_____	_____	_____
Smoking	_____	_____	_____
Mental illness	_____	_____	_____
Lowered IQ	_____	_____	_____
Physical illness	_____	_____	_____
Genetic disorder	_____	_____	_____

Racial Checklist:

Asian	_____	_____	_____
East Indian	_____	_____	_____
Hispanic	_____	_____	_____
African	_____	_____	_____