

MEDICAL CERTIFICATE

on the health status of any other adult living with the adoptive parents in accordance with the requirements of the Resolution #842 of the Kazakh Government dated June 24, 1999

Name	Last	First	Middle
Name	Last	First	Middle
Address (Street Name and Number)			Apartment #
City	State		Zip Code

Diseases	She		He	
Tuberculosis	no	yes	no	yes
Current diseases or illnesses:				
◆ Diseases of internal organs	no	yes	no	yes
◆ Diseases of nervous system	no	yes	no	yes
◆ Diseases of motor system (bones and muscles)	no	yes	no	yes
Malignant tumors	no	yes	no	yes
Substance Abuse (narcotics, drugs and/or alcohol)	no	yes	no	yes
Infectious diseases	no	yes	no	yes
Psychiatric illnesses	no	yes	no	yes
Incapacity due to illness or injury	no	yes	no	yes
Any other illnesses which would prevent from becoming adoptive parent	no	yes	no	yes
Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus	no	yes	no	yes
Other Sexually transmitted Diseases (syphilis not cured, gonorrhea not cured, urogenital clamidiosis not cured)	no	yes	no	yes
Leprosy	no	yes	no	yes
Disease of disorganization of connective tissue (systemic lupus erythematosus, systemic scleroderma, dermatomyositis)	no	yes	no	yes
Grave dermatosis with disorder of keratinization (grave forms of ichthyosis, ichthyosis erythroderma, arthroplastic psoriasis)	no	yes	no	yes
Grave chronic bullous dermatosis (acantholytic pemphigus, pemphigoid, ichthyosis injuries of skin, bullosa epidermolysis)	no	yes	no	yes
Disability I, II groups	no	yes	no	yes

Doctor's Name: _____, M.D. _____
Please type or print

Signature: _____ Date: ____/____/200__

Address: _____

Subscribed and sworn before me this ____ day of _____ 200__.

Notary Public _____ My Commission Expires ____/____/____

*Information contained in this document is valid for **three months** from the date of signature*

