

**INTER-COUNTRY ADOPTION BOARD (ICAB)
TYPE OF CHILD ACCEPTABLE TO FAMILY***

FAMILY NAME: _____ **DATE:** _____

	Accept	Not Accept
I. CHILD'S STATUS AND HEALTH CONDITION		
1. AGE:		
0-2 years old		
2-4 years old		
4-6 years old		
6-8 years old		
8 and above		
Others (please specify)		
2. SIBLING STATUS:		
Single child		
Sibling group of two		
Sibling group of more than two (please specify)		
3. BIRTH CONDITION:		
Premature		
Undescended testicle		
Umbilical hernia		
Physical abnormalities:		
Cleft lip		
Cleft palate		
4. EYE CONDITION		
Visual acuity abnormalities		
Strabismus (roving eye, surgically correctable)		
5. EAR CONDITION:		
Hearing impairment/Ear deformity		
6. HEART PROBLEMS		
Heart murmur		
Heart defect which may require surgery		
7. HEMATOLOGIC DISORDER		
G6PD		
Thalasemia		
Others		
8. INFECTIOUS DISEASES:		
Positive for hepatitis B		
First degree infection, under medication		
9. ORTHOPEDIC PROBLEMS:		
Hand anomalies		
Leg anomalies (bowed legged)		
Foot anomalies (clubbed foot)		
Walking difficulties (requiring cane, leg braces or splint)		
10. EMOTIONAL AND SOCIAL DEVELOPMENT		
Autism		
ADHD		
Known history of physical/Sexual abuse		
11. DEVELOPMENTAL DELAYS		

Cerebral palsy		
Cognitive delay		
Seizures		
Speech related problems (stuttering, lisps, etc.)		
Speech delay		
Slight developmental delay		
Global developmental delay		
Gross motor delay		
12. OTHER SPECIFIC CONDITION/S YOU MAY CONSIDER RELEVANT:		
Lactose Intolerance		
Skin Condition – Psoriasis		
– Eczema		
– Dermatitis		
Bronchial Asthma		
Hypo/Hyperthyroidism		
Needing surgical procedure/s		
Dental Carries		
II. PARENTAL BACKGROUND:		
<i>Check only A or B, not both</i>		
A. No known information **		
(If you want information on the parent[s], just proceed to B)		
B. History of drug use		
History of alcohol		
History of emotional illness (e.g. depression, etc.)		
History of mental illness (e.g. schizophrenia, psychosis)		
Mentally challenged		
With criminal record		
Victim of incest		
Victim of rape		

*** The child study report and health report on which ICAB bases the condition of the child is not a perfect and complete description of the child. ICAB is therefore unable to warrant any conditions or background information not reported or reflected in the child study report.**

**** No known information” – There is no available information on the background of the biological parents.**

NAME AND SIGNATURE OF PAP/ DATE

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NAME AND SIGNATURE OF SOCIAL WORKER/ DATE