

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

**FAMILY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

	Accept	Not Accept
<b>I. CHILD'S STATUS AND HEALTH CONDITION</b>		
<b>1. AGE:</b>		
0-2 years old		
2-4 years old		
4-6 years old		
6-8 years old		
8 and above		
Others (please specify)		
<b>2. SIBLING STATUS:</b>		
Single child		
Sibling group of two		
Sibling group of more than two (please specify)		
<b>3. BIRTH CONDITION:</b>		
Premature		
Undescended testicle		
Umbilical hernia		
Physical abnormalities:		
Cleft lip		
Cleft palate		
<b>4. EYE CONDITION</b>		
Visual acuity abnormalities		
Strabismus (roving eye, surgically correctable)		
<b>5. EAR CONDITION:</b>		
Hearing impairment/Ear deformity		
<b>6. HEART PROBLEMS</b>		
Heart murmur		
Heart defect which may require surgery		
<b>7. HEMATOLOGIC DISORDER</b>		
G6PD		
Thalasemia		
Others		

<b>8. INFECTIOUS DISEASES:</b>		
Positive for hepatitis B		
First degree infection, under medication		
<b>9. ORTHOPEDIC PROBLEMS:</b>		
Hand anomalies		
Leg anomalies (bowed legged)		
Foot anomalies (clubbed foot)		
Walking difficulties (requiring cane, leg braces or splint)		
<b>10. EMOTIONAL AND SOCIAL DEVELOPMENT</b>		
Autism		
ADHD		
Known history of physical/Sexual abuse		
<b>11. DEVELOPMENTAL DELAYS</b>		
Cerebral palsy		
Mental delay		
Seizures		
Speech related problems (stuttering, lisps, etc.)		
<b>II. PARENTAL BACKGROUND:</b>		
A. No known information		
(if with information 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 rape/Incest		
<b>OTHER SPECIFIC CONDITION/S YOU MAY CONSIDER RELEVANT:</b>		
Lactose Intolerance		
Skin Condition – Eczema		
-- Dermatitis		
Bronchial Asthma		
Hypo/Hyperthyroidism		
Needing surgical procedure/s		
Dental Carries		