



Medical and Dental Requirements

Child's Name

Date of Placement

Caseworker's Name

- I. The Colorado State Department of Human Services requires:
7.708.41 Medical and Health Services
“A. A general medical examination for each foster child must be completed or scheduled with a physician or nurse practitioner prior to or within fourteen (14) calendar days following placement at the family foster care home. A statement from the examiner shall be retained in the foster child’s file. This exam shall include the following:
 1. An examination for physical injury and disease.
 2. Vision and hearing screening.
 3. A current assessment of the foster child’s health, including immunizations.”

The above named child’s medical examination is due on or before _____
If you are unable to schedule an appointment with your physician within 14 days of placement, please call another physician or contact your Home Supervisor for assistance.

- II. The Colorado State Department of Human Services requires:
7.708.41 Medical and Health Services
“D. Dental examinations, appropriate to the age of the foster child, must have been completed within four months prior to placement or scheduled or completed within eight (8) weeks following placement. The family foster care home or governing body shall ensure that each foster child receives a dental examination every six months or as required in writing by a dentist.”

The above named child’s dental examination is due on or before _____

If you are unable to schedule an appointment with your dentist within 8 weeks of placement, please call another dentist or contact your Home Supervisor for assistance.

**Please give this information to the Home Supervisor within 14 days of the initial placement date.
The Home Supervisor will give this information to the caseworker.**

Medical and Dental Confirmation

Child's Name

**I. On _____ (date) an medical examination for the above named child was scheduled for:
_____ (date), at _____**

**II. On _____ (date) a dental examination for the above named child was been scheduled for:
_____ (date), at _____**

Foster Parent Signature

Date