

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

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

|                                                             | Accept | Not<br>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                                                   |  |  |
| Cognitive delay                                                  |  |  |
| Seizures                                                         |  |  |
| Speech related problems (stuttering, lisps, etc.)                |  |  |
| Speech delay                                                     |  |  |
| Slight developmental delay                                       |  |  |
| Global developmental delay                                       |  |  |
| Gross motor delay                                                |  |  |
| <b>12. OTHER SPECIFIC CONDITION/S YOU MAY CONSIDER RELEVANT:</b> |  |  |
| Lactose Intolerance                                              |  |  |
| Skin Condition – Psoriasis                                       |  |  |
| – Eczema                                                         |  |  |
| – Dermatitis                                                     |  |  |
| Bronchial Asthma                                                 |  |  |
| Hypo/Hyperthyroidism                                             |  |  |
| Needing surgical procedure/s                                     |  |  |
| Dental Carries                                                   |  |  |
|                                                                  |  |  |
| <b>II. PARENTAL BACKGROUND:</b>                                  |  |  |
| <b><i>Check only A or B, not both</i></b>                        |  |  |
|                                                                  |  |  |
| A. No known information <b>**</b>                                |  |  |
| (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**

\_\_\_\_\_  
**NAME AND SIGNATURE OF PAP/ DATE**

\_\_\_\_\_  
**NAME AND SIGNATURE OF SOCIAL WORKER/ DATE**