



Central Adoption Resource Authority

केन्द्रीय दत्तक-ग्रहण संसाधन प्राधिकरण

(A Statutory Body of Ministry of Women & Child Development, Government of India)

(भारत सरकार के महिला एवं बाल विकास मंत्रालय की सांविधिक निकाय)



No..... F.No.1-11-2017/JD/Cir

17th Oct 2017
Date.....

Reference: This Office Circular dated 09.10.2017.

CIRCULAR

Sub: Health Status of Children in their Medical Examination Report (MER) - reg.

1. CARA has received numerous instances of disruptions after the child has been taken into pre-adoption foster care from across the country. The main reason observed is that the prospective adoptive parents haven't been given the actual health status of the child in the MER for taking an informed-decision. This inadvertent situation reflects inadequate attention of the SAAs, as well as poor monitoring by the State Govt Agencies. Invariably, it is the child that is affected by way of 'extended stay' in the institutions and further delays in securing the warmth and care of the family at the earliest, as enshrined in various judgements and also in the Juvenile Justice (Care and Protection of children) Act, 2015. Further disruptions are traumatising for the PAPs and the children are deprived of a timely medical support for the ailments they are suffering from.

2. In order to ensure smooth, pleasant and speedy transition of child from institutional care to a loving and an affectionate family situation, MER of the child needs to be prepared with special care without any discrepancy to ensure that the MER reflects the correct health of the child. It is pertinent to note that the MER of every child needs to be updated on CARINGS every six months or whenever appreciable physical changes are observed in the child [Regulation 6(15) of the Adoption Regulations, 2017 refers].

3. In case of variations observed in the health condition of the child vis-à-vis the details recorded in the MER, the SAA and certifying Medical Practitioner will be liable for stringent action, as applicable [Regulation 25(2)(c)&(d) of Adoption Regulations, 2017 refers].

4. A copy of the updated MER format is enclosed as Appendix to the Circular. The same would be used instead of the Schedule III of Adoption Regulations, 2017.

5. This Circular comes into effect with immediate effect for implementation.

6. This is issued with approval of Competent Authority.

Deepak

Deepak Kumar
(Deepak Kumar)

Member Secretary & CEO, CARA

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To:

(1) All Specialized Adoption Agencies (SAAs)

(2) All State Adoption Resource Agencies (SARAs) – to ensure compliance and circulation to DCPUs

(3) CW-II, MWCD – for information please.

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MEDICAL EXAMINATION REPORT OF THE CHILD

The Medical Examination Report (MER) is aimed at presenting the complete health picture of the child along with the diagnosis of a probable illness/ condition that requires specific treatment, and thus testing would help in restoring the health of the child.

It is also aimed at to diagnose any illness/ condition of a nature that implies that the child will require special attention (medical and parental) beyond what a normal child needs, and therefore the family that adopts him/ her should be aware of the condition.

Thus a duly registered physician should complete the report. If any information is not available, please state "Not Available" along with the reasons for the same.

It is important that if the child is below 1 year, he/she should be examined by a Pediatrician.

Name of the Child:

Child Adoption Resource Information and Guidance System (CARINGS)

Registration No.

Date of Birth:

Date of Admission:

Health Status: Normal/Special Need

Name of the Specialised Adoption Agency:

Name of the Child Care Institution:

Date of Medical Examination:

Name of the Doctor:

Designation:

Registration No:

Health Status: Normal/Special Need

List of the Tests for which the Scanned report(s) must be Mandatorily Attached (applicable as per Schedule IV):

1. **Screening Test for Retinopathy of prematurity (only for Preterm newborns weighing <2000 g and less than 1 month of age)**
2. **Screening for Hypothyroidism (T4, TSH)**
3. **OAE/BERA for hearing screening**
4. **CBC**
5. **LFT**
6. **RFT**
7. **HIV**
8. **HCV**
9. **HBsAg**
10. **Screening for Sickle Cell Anemia/Beta Thalassemia**

A. General Information

1. Name of the child:
 2. Date and year of birth:
 3. Sex:
 4. Place of birth:
 5. Nationality:
 6. Name of the present institution: Placed since:
 7. Weight at birth (in kg. at admission): kg.
 8. Head Circumference:
 9. Length at birth (in cm. at admission): cm.
 10. Was the pregnancy and delivery normal? Yes or No or Do not know
 11. Where has the child been staying before admission?
- With his or her mother: from to
- With relatives: from to
- In private care: from to
- In institution or hospital: from to

(Please state the name of the institution or institutions concerned)

B. Medical Details

Note: In case of new born children, refer to Medical Test for different age groups in **Schedule IV** [paragraph (A) New Born].

1. Has the child had any diseases during the past? (if yes, please indicate the age of the child ^{6 yr} in respect to each disease, as well as any complication. If no, please attach the report related to the general check-up of the child at the time of admission in the SAA/CCI): Yes

No

2. If yes:
 - Children's ordinary diseases (whooping cough, measles, chicken-pox, rubella, mumps):
 - Tuberculosis:
 - Convulsions (incl. Febrile convulsions):
 - Any other disease:
 - Exposure to contagious disease:

3. Has the child been vaccinated against any of the following diseases:

- Yes
- No (please specify the reason)
- Do not know (please specify the reason)

4. If yes:

Tuberculosis(B.C.G.)	Date of immunisation:
Diphtheria	Date of immunisation:
Tetanus	Date of immunisation:
Whooping cough	Date of immunisation:
Poliomyelitis	Date of immunisation:
Hepatitis A	Date of immunisation:
Hepatitis B	Date of immunisation:
MMR (Measles)	Date of immunisation:
Other immunizations (please specify)	Date of immunisation:

5. Has the child been treated in hospital?

Yes
No
Do not know
(please specify)

6. If yes state name of hospital, age of child, diagnosis, and treatment:

7. Give, if possible, a description of the mental development, behavior and skills of the child.

(i) Visual	When was the child able to fix?
(ii) Aural	When was the child able to turn its head after sounds?
(iii) Motor	When was the child able to sit by itself?
	When was the child able to stand with support?
	When was the child able to walk without support?
(iv) Language	When did the child start to speak monosyllables?
	When did the child start to say single words?
	When did the child start to speak sentences?
(v) Contact	When did the child start to smile?
	How does the child communicate with adults and other children?
	How does the child react towards strangers?
(vi) Emotional	How does the child show emotions (anger, uneasiness, disappointment, joy)?

C. Medical Examination Details:

1. Colour of hair:
2. Colour of eyes:
3. Colour of skin:

4. Through my complete clinical examination of the child I have observed the following evidence of disease, impairment or abnormalities (in case applicable):

- (i) Head(form of skull, hydrocephalus, craniotabes)
- (ii) Mouth and pharynx (hare lip or cleft palate, teeth)
- (iii) Eyes (vision, strabismus, infections)
- (iv) Ears (infections, discharge, reduced hearing, deformity)
- (v) Hearing screening: Otoacoustic Emission (OAE) or Brain stem evoked response audiometry(BERA)
(Mandatory)
- (vi) Any dysmorphic facies? If yes, describe
- (vii) Organs of the chest (heart, lungs)
- (viii) Lymphatic glands(adenitis)
- (ix) Abdomen (hernia, liver, spleen)
- (x) Genitals (hypospadias, testis, retention)
- (xi) Encephalitis
- (xii) Spinal column (kyphosis, scoliosis)
- (xiii) Extremities (pes equines, valgus, varus, pes calcaneovarum, flexation of the hip, spasticity, paresis)
- (xiv) Skin (eczema, infections, parasites)
- (xv) Other diseases?

6. Are there any symptoms of syphilis in the child? Result of syphilis reaction made (date and year): Positive or Negative or Not done

7. Any symptoms of tuberculosis?

Result of tuberculin test made (date and year): Positive or Negative or Not done

8. Any symptoms of Hepatitis B?

Result of tests for Hbs Ag (date and year): Positive or Negative or Not done

Result of test for anti-HBs (date and year): Positive or Negative or Not done

Result of tests for HBeAg (date and year): Positive or Negative or Not done

Result of tests for anti HBe (date and year): Positive or Negative or Not done

9. Any history of Jaundice and blood transfusion?

Results of tests for HBsAG (date and year)?

If positive, whether specialist consultation taken (yes/ no, date and year); and further tests/ treatment undertaken (attach a copy of the documents)

[following test reports to be mandatorily attached]

10. HIV Test (refer to Standard Medical Test at **Schedule IV**)

HCV (Hepatitis C) (refer to Standard Medical Test at **Schedule IV**)

CBC (refer to Standard Medical Test at **Schedule IV**)

LFT (refer to Standard Medical Test at **Schedule IV**)

RFT (refer to Standard Medical Test at **Schedule IV**)

T4, TSH (refer to Standard Medical Test at **Schedule IV**)

Sickle Cell Anemia/ beta thalassemia

(refer to Standard Medical Test at **Schedule IV, para- C**)

<p>11. Does the urine contain: Sugar? Albumen? Phenylyketone?</p>
<p>12. Stools (diarrhea, constipation): Examination for parasites: Positive or Negative or Not done</p>
<p>13. Is there any mental disorder or retardation of the child?</p>
<p>14. Give a description of the mental development, behavior and skills of the child.</p>
<p>15. Any additional comments? Note: 1. Refer to Infants between 1 month to 1 year of age in Section 'B' of Medical Test in Schedule IV. 2. Refer to Age 1-3 years and more than 3 years of Medical Test in Schedule IV [paragraph(C)].</p>

D. Report concerning the psychological and social circumstances of the child (wherever required, assistance may be taken from special educator, physiotherapist, speech therapist and the social worker)

Please decide on each heading.	
(i) Activity with toys (age appropriate as applicable):	
1. The child's eyes follows rattles or toys, that are moved in front of the child	
2. The child holds on to a rattle	
3. The child plays with rattles: putting it in the mouth, shaking it, moving it from one hand to the other etc.	
4. The child puts cubes on top of each other.	
5. The child plays purposely with toys: pushes cars, puts dolls to bed, feeds dolls etc.	
6. The child plays role-play with toys with other children.	
7. The child draws faces, human beings or animals with distinct features.	
8. The child cooperates in structured games with other children (ballgames, card games etc).	
(ii) Vocalization or language development (age appropriate as applicable):	
1. The child vocalizes in contact with care giver	

2. The child repeats different vowel-consonant combinations (ba-ba, da-da, ma-ma etc.)	
3. The child uses single words to communicate	
4. The child speaks in sentences	
5. The child understands prepositions as: on top of, under, behind etc.	
6. The child uses prepositions as: on top of, under, behind etc.	
7. The child speaks in past tense	
8. The child writes his own name	
9. The child reads simple words	
10. Any other observation	
(iii) Motor development (age appropriate as applicable):	
1. The child turns from back to stomach from age: _____	
2. The child sits without support from age: _____	
3. The child crawls or moves forward from age: _____	
4. The child walks with support of furniture from age: _____	
5. The child walks alone from age: _____	
6. The child climbs up and down stairs with support from age: _____	
7. The child climbs up and down stairs without support from age: _____	
(iv) Contact with adults (age appropriate as applicable):	
1. The child smiles in contact with known caregiver	
2. The child is easily soothed when held by known caregiver	
3. The child cries or follows known caregiver, when the caregiver leaves the room	
4. The child actively seeks known caregiver when he or she is upset or has hurt him or herself	
5. The child seeks physical contact with all adults, that come into the ward	

6. The child communicates his feeling in words to caregivers

(v) Contact with other children (age appropriate as applicable):

1. The child shows interest in other children by looking or smiling at their activity

2. The child enjoys playing beside other children

3. The child engages actively in activities with other children

(vi) General Level of Activity:

1. Active 2. Overactive 3. Not Very Active

(vii) General mood :

1. Sober

2. Emotionally indifferent

3. Fussy, difficult to soothe

4. Happy, content

In case of special needs child, specify the category of the child.

Overall Observation of the child:

Signature of the Examinee Physician
Designation
Registration No.
Stamp
Date

E. Acceptance of Medical Examination Report by Prospective Adoptive Parent(s)

We have read and understood the contents of the **Medical Examination Report** and are willing to accept _____ as our adoptive child.

(Signature of the Prospective Adoptive Father)

(Signature of the Prospective Adoptive Mother)

(Name of Prospective Adoptive Father)

(Name of the Prospective Adoptive Mother)

Date:

Date:

Place:

Place: