



सत्यमेव जयते

# 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)



सं./No.....CARA-SC1011/207/2022-Administartion

दिनांक /Date 1./10./2022

### Subject: Classification of Children having Special Needs

The Chief Medical Officer (CMO) of the district is now responsible for classifying the child as normal or having special needs in accordance with the Adoption Regulations, 2022, which were notified by the Government of India on September 23, 2022.

2. Regulation 37 of the Adoption Regulations, 2022 prescribes in detail, the duties/responsibilities assigned to CMO of the district. The CMO of the district is required to declare the health status of the child as normal or having special needs as per Schedule XVIII and Schedule III (Part-E) within a period of fifteen days and also encourage treatment of such children under various schemes of the Government.

3. Therefore, the status of all children, who are already uploaded on Special Need Portal should be evaluated and updated by CMO of your district for proper categorization as a Special Need child at the earliest.

4. In cases of linked children residing in CCIs, the DCPUs may make take precaution for identification of such children before uploading their CSR, MER & LFA. A copy of the Adoption Regulations 2022 may be retrieved from [www.cara.nic.in](http://www.cara.nic.in).

(Jagannath Pati)  
Director (Programme)

All SAAs/CCIs/DCPUs/SARAs

Copies enclosed: 1. Schedule XVIII of the Adoption Regulations, 2022  
2. Schedule III of the Adoption Regulations, 2022

**SCHEDULE XVIII**

[See regulations 2 (25), 8 (2), 36(9), 37, 51(4)]

**CLASSIFICATION OF SPECIAL NEEDS CHILDREN FOR THE PURPOSE OF ADOPTION [TO BE CONSIDERED AS PER THE SCHEDULE PROVIDED IN THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016 AND AS PER PART E OF THE SCHEDULE-III]****1. Physical disability**

**A. Locomotor disability** (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including.—

(a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from—

- (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
- (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- (iii) extreme physical deformity as well as advanced age which prevents him or her from undertaking any gainful occupation, and the expression —leprosy cured shall construed accordingly;

(b) "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d) "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

**B. Visual impairment**

(a) "blindness" means a condition where a person has any of the following conditions, after best correction—

- (i) total absence of sight; or
- (ii) visual acuity less than 3 or 60 or less than 10 or 200 (Snellen) in the better eye with best possible correction; or
- (iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "low-vision" means a condition where a person has any of the following conditions, namely:—

- (i) visual acuity not exceeding 6 or 18 or less than 20 or 60 upto 3 or 60 or upto 10 or 200 (Snellen) in the better eye with best possible corrections; or
- (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

**C. Hearing impairment—**

(a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

**D. “Speech and language disability”** means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

**2. Intellectual disability**, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

(a) “specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and include such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) “autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

**3. Mental behaviour**

“Mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

**(a) Disability caused due to chronic neurological conditions, such as—**

(i) “multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) “parkinson's disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

**(b) Blood disorder—**

(i) “haemophilia” means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;

(ii) “thalassemia” means a group of inherited disorders characterised by reduced absent amounts of haemoglobin;

(iii) “sickle cell disease” means a haemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage; “haemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin.

**4. Multiple Disabilities** (more than one of the above specified disabilities) including deafblindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

**5. Any other category as may be notified by the Central Government.**

**6. Exact nature of special needs of the child concerned to be examined by the Chief Medical Officer of the District in the light of Schedule III (Part E)**

**SCHEDULE III**

[See regulations 2(16), 2(25), 6(15), 7(18), 8(2), 36(9), 37, 51(4), 61(5)(a) and 61(6)(a)]

**MEDICAL EXAMINATION REPORT AND CLASSIFICATION OF SPECIAL NEEDS OF THE CHILD**

[Part-A may be filled by the social worker, counsellor or the staff nurse of the Specialised Adoption Agency or the Superintendent of the Child Care Institution as the case may be. If any information is not available, please state "Not Available". A paediatrician should be consulted if the child is under the age of one year. In case any child is found to have special needs as provided in the Schedule XVIII and Part E of the Medical Examination Report, the visiting doctor has to refer the case to Chief Medical Officer of the district.]

Registration No. of the Child on the Designated Portal:

Health Status: Normal or Special Needs

Date of Admission:

Name of the Specialised Adoption Agency:

Name of the Child Care Institution:

**Disclaimer-**

**Thalassemia carriers and sickle cell trait:** Children with carrier state of Thalassemia are asymptomatic. Similarly children with thalassemia minor shall rarely require blood transfusion. Children with sickle cell trait do not have haematological abnormalities and sickling of RBCs may rarely occur only when exposed to high altitude and low oxygen pressure (Guidelines for assessment of Disability by Union Ministry of Social Justice and Empowerment, 2018, section 29.6 and 37.3).

**High risk infants and children:** Children with history of perinatal adverse events like birth asphyxia, neonatal hyperbilirubinemia, neonatal sepsis, hypoglycaemia, complications associated with preterm delivery like respiratory distress syndrome, intraventricular haemorrhage etc., are at risk for developing subsequent delay in attainment of developmental milestones, epilepsy, neuromotor impairment and behavioural abnormalities. Hence, these children need detailed neurodevelopmental evaluation for proper diagnosis and holistic management.

**Hepatitis B:** The clinical course of Hepatitis B virus infection is diverse among individuals with different host genome, viral strains, and host-viral interactions. The earlier the HBV acquisition age is, the more likely the lifelong infection results. The perinatal infection constitutes 90% of chronic HBV infection in early childhood. Minority (10%) of chronic HBV infected subjects shall have HBsAg seroconversion, and get rid of chronic infected status. Majority of such patients may be clinically asymptomatic with normal Alanine Aminotransferase (ALT) levels but with high viral loads, and presence of HBeAg. In majority of the patients, HBeAg seroconversion to its antibody (Anti-HBe) occurs during or after the adolescent stage, indicating decrement of active viral replication and hepatitis activity. Delayed HBeAg seroconversion with persistently high viremia. After the 4 decade of life indicates a higher risk of developing liver cirrhosis and hepatocellular carcinoma. Up to 10-25% of chronic HBV infected adult subjects may suffer from HBeAg negative hepatitis flare after HBeAg seroconversion, especially in those who experience late HBeAg Seroconversion and are associated with increased lifelong risk of liver cirrhosis and HCC.

**Hepatitis C:** Although HCV infections acquired during infancy are more likely to spontaneously resolve than those acquired as an adult, still about 80% remain chronically infected. Children who remained HCV RNA PCR positive during and after one year of age had a lower likelihood of clearance. As in adults with chronic HCV, fibrosis of the liver in paediatric patients tends to increase with age suggesting slow progressive histologic injury although at a slower pace. Progression to cirrhosis in childhood is extremely rare.

**HIV:** All HIV exposed infants should undergo HIV DNA PCR in Dried blood spot (DBS). If DBS is positive for HIV, then the test is to be repeated in whole blood. In six to eighteen months old children, HIV antibody testing by ELISA followed by DBS testing for HIV and if found to be positive, and then DNA PCR in whole blood HIV antibody testing is confirmatory after eighteen months (NACO guidelines, 2-16).

#### **Part A- General Information**

[A duly registered Special Adoption Agency should complete Part A. If any information is not available, please state "Not Available". ]

1. Name Of the Child:
2. Sex :
3. Date Of Birth :
4. Place Of Birth :
5. Nationality :
6. Name of the Present Institution : Placed since :
7. Weight at Birth (Kgs) :
8. Current Weight (Kgs) :
9. Head Circumference (cm):
10. Current Head Circumference (cm) :
11. Length at Birth (cm):
12. Current Length (cm) :
13. Was the Pregnancy and Delivery normal?
14. APGAR Score, if applicable :
15. Attach Neuroimaging :
16. Where has the child been staying before admission? :
  - a. With the Mother: From To
  - b. With relatives: From To
  - c. In private care: From To
  - d. In institution or hospital: From To

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

Note: In case of new born children, refer to Medical Test for different age groups provided in the **Schedule IV**.

Social worker or counsellor or  
The staff nurse of the Specialised Adoption Agency or  
The Superintendent of the Child Care Institution  
[Name and designation of the staff ,  
date with signature]

**Part B - Medical Details**

**[A duly registered physician should complete the Part B. If any information is not available, please state “Not Available”. If the child is below 1 year, the child should be examined by Paediatrician. Medical Test for different age groups as provided in the Schedule IV of Regulations must be available.]**

**1. Has the Child had any disease during the past? Yes or No or Do not Know**

**a)Disease:**

**b)Age at the time of diagnosis (Months):**

**c)Remarks (any Complications):**

**2. Has the Child been vaccinated against any of the Following Disease? :**

Yes or No or Do not know

**Immunisation Details:**

|                    |                      |
|--------------------|----------------------|
| Tuberculosis (BCG) | 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 |

**3. Description of Mental Development, Behaviour and Skill of the Child (if Possible).**

- |     |           |  |
|-----|-----------|--|
| i   | Visual    | When was the child able to fix?  |
| ii  | Aural     | When was the child able to turn head to Sounds?  |
| iii | Motor     | When was the child able to sit by self?<br>When was the child able to stand with support?<br>When was the child able to walk without support?      |
| iv  | Language  | When did the child start to speak monosyllables?<br>When did the child start to say single words?<br>When did the child start to speak sentences?  |
| v   | Contact   | When did the child start to smile?<br>How does the child communicate with adult and Other children?<br>How does the child react towards strangers? |
| vi  | Emotional | How does the child show emotions (anger, uneasiness,   |

disappointment, joy)?

### **Part C- Medical Examination Details**

[A duly registered physician should complete the Part C. If any information is not available, please state “Not Available”.]

1. Date of Medical Examination
2. Colour of Hair:
3. Colour of Eyes:
4. Colour of Skin:
5. Based on complete clinical examination of the child, I have observed the following evidence of disease, impairment or abnormalities (in case applicable).
  - (a) Head (Form of Skull; Hydrocephalus; Craniotabes; Any Other; No Disease, Impairment or Abnormalities):
  - (b) Mouth and Pharynx (Harelip or Cleft Palate, Teeth; Any Other ; No Disease, Impairment or Abnormalities):
  - (c) Eyes (Vision; Strabismus; Infections; Any Other; No Disease, Impairment or Abnormalities):
  - (d) Ears(Infections; Discharge; Reduced Hearing; Any Other; Deformity No Disease, Impairment or Abnormalities):
  - (e) Hearing Screening - At least one of these test is mandatory:-
    - a) Otoacoustic emissions (OAE):
    - b) Brainstem evoked response audiometry (BERA):
  - (f) Any Dysmorphic face? If yes, describe.
  - (g) Organs of the chest (Heart, Lungs, Any Other, No Disease, Impairment or Abnormalities):
  - (h) Lymphatic Glands (Adenitis: Any Other; No Disease, Impairment or Abnormalities):
  - (i) Abdomen (Hernia; Liver; Spleen; Any Other; No Disease, Impairment or Abnormalities):
  - (j) Genitals (Hypospadias; Testis Retention; Any Other; No Disease, Impairment or Abnormalities):
  - (k) Neurodevelopmental Disorder (Meningitis; Encephalitis; Epilepsy; Cerebral Palsy; Any Other; No Disease, Impairment or Abnormalities):
  - (l) Spinal Column (Kyphosis; Scoliosis; Any Other; No Disease, Impairment or Abnormalities):
  - (m) Extremities (Pes equines; Valgus; Pescalcaneovarus; Flexation of the Hip, Spasticity; Paresis; Any Other; No Disease, Impairment or Abnormalities):
  - (n) Skin (**Eczema; Infections; Parasites;** Any Other; No Disease, Impairment or Abnormalities):
  - (o) Any Other:
6. Tests
  - (a) Any Symptoms of Tuberculosis?  
Result of Tuberculosis test made (date and year): Positive or Negative or Not done
  - (b) Any Symptoms of Hepatitis B?  
Result of Test for Hbs Ag: Positive or Negative or Not done  
Result of Test for Anti-HBs: Positive or Negative or Not done  
Result of Test for HBeAg: Positive or Negative or Not done  
Result of Test for Anti-HBe: Positive or Negative or Not done

- (c) Any Symptoms of Syphilis? Result of syphilis reaction made (date and year): Positive or Negative or Not done  
Result of VDRL Test:  
Note:
- (d) Any History of Jaundice and Blood Transfusion?  
Result of HbSAg Test (date and year)  
If Positive, whether specialist consultation taken? (Yes or no, date and year); and further tests or treatment undertaken (attach a copy of the documents)
7. Mandatory Test or Evaluation Reports (Provided in the **Schedule IV** of Regulations). If any of these screening tests is abnormal, further confirmatory tests and specialists opinion shall be mandatory.
- (a) HIV
- (b) Does the Urine Contain:
- i. Sugar
  - ii. Albumen
  - iii. Phenyl Ketone
- (c) Stools (diarrhoea, constipation)  
Examination for Parasites: Positive or Negative or Not done
- (d) Is there any developmental delay or regression or neurobehavioral or neurodevelopmental disorders?
- (e) Give description of the developmental status and activities of daily living of the child.
- (f) Any Additional Comments?

**Note:**

**Refer to Age one to three years and more than three years of Medical Test as provided in the Schedule IV.**

**Part D- Developmental Milestones Detail**

**[A duly registered physician should complete the Part D. If any information is not available, please state "Not Available". Wherever required, assistance may be taken from a special educator, psychologist, physiotherapist, speech therapist and the social worker concerning the psychological and social circumstances of the child.]**

**Please Check on each of the following: -**

- 1. Activity with Toys (age appropriate as applicable):**
  - (a) The child's Eyes follow rattles or toys that are moved in front of the child.
  - (b) The child holds on to a rattle.
  - (c) The child plays with rattle (putting it in mouth, shaking it, moving it from one hand to other).
  - (d) The child put cubes on top of each other.
  - (e) The child plays purposely with toys, pushes cars, puts doll to bed, feeds doll, etc.).
  - (f) The child engages in role play with toys with other children.
  - (g) The child draws faces, human beings or animal with distinct features.
  - (h) The child co-operates in structured games with other children: ball games, card games, etc.
  - (i) The child likes to play more with inanimate objects other than toys.
- 2. Vocalisation or Language Development (age appropriate as applicable):**
  - (a) The child vocalises in contact with care giver.
  - (b) The child repeats different vowel-consonant combinations (ba-ba, da-da, ma-ma, etc).



- (c) The child uses single word to communicate.
- (d) The child speaks in sentences.
- (e) The child understands prepositions as: on top of, under, behind, etc.
- (f) The child uses prepositions as: on top of, under, behind, etc.
- (g) The child speaks in past tense.
- (h) The child writes their own name.
- (i) The child reads simple words.
- (j) The child repeats same word or phrase again and again.
- (k) Any other observation.

**3. Motor Development (age appropriate as applicable):**

- (a) The child turns from back to stomach from age:
- (b) The child sits without support from age:
- (c) The child crawls or moves forward from age:
- (d) The child walks with support of furniture from age:
- (e) The child walks alone from age:
- (f) The child climbs up and down stairs with support from age:
- (g) The child climbs up and down stairs without support from age:

**4. Contact with Adults (age appropriate as applicable):**

- (a) The child smiles in contact with a known caregiver.
- (b) The child is easily soothed when held by a known caregiver.
- (c) The child cries or follows known caregiver when caregiver leaves the room.
- (d) The child actively seeks known caregiver when he or she is upset or has hurt themselves.
- (e) The child seeks physical contact with all adults that come into the ward.
- (f) The child communicates their feeling in words to caregivers.

**5. Contact with other children (age appropriate as applicable):**

- (a) The child shows interest in other children by looking or smiling at their activity.
- (b) The child enjoys playing besides other children.
- (c) The child engages actively in activities with other children.
- (d) The child prefers to stay alone most of the time.

**6. General Level of Activity:**

1. Active                      2. Overactive                      3. Not Very Active

**7. General Mood:**

- (a) Sober
- (b) Emotionally indifferent
- (c) Fussy, difficult to soothe
- (d) Happy, content

**8. Overall Observation of the child. :**

**9. Health status of the child :**

- (a) If Normal, submit the report  
 (b) In case the child needs further investigation, refer the case to the CMO

Signature of the Examinee Physician

Designation and Registration No.

Stamp

Date

**Acceptance of Medical Examination Report by Prospective Adoptive Parents**

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

(Signature of the male applicant)

(Signature of the female applicant)

(Name of the male applicant)

(Name of the female applicant)

Date:

Date:

Place:

Place:

**Part E – Special Needs Condition**

[Chief Medical Officer of the district shall complete the Part E maximum within a period of fifteen days. If any information is not available, please state “Not Available”. In case of child below one year, it should be examined and reported by a paediatrician of the district hospital which should be countersigned by Chief Medical Officer of the district. Children having deficiencies which are curable and treatable shall be given treatment for the same and the child shall accordingly be not included in the category of child with special needs. Details of classification of children having special needs are placed below:]

**Does the child fall under any of these conditions?[Please mark ✓ where applicable]**

**1. Infants (birth to 12 months) Requiring Observation:**

Infant with history of adverse perinatal events; e.g. birth asphyxia, neonatal jaundice, neonatal sepsis, low blood sugar, complication associated with preterm delivery and very low birth weight (less than 1500gms) etc. at the risk of developing neurodevelopment disorders, neuromotor conditions, epilepsy and behavioural abnormalities. These infants need close follow up and observation for diagnosis and further management. They can have developmental delay, stiffness or looseness of body convulsions and behavioural problems. They can be mildly (mild speech delay) to severely affected.

(a) Infants with history of :

- i. Birth Asphyxia:
- ii. Neonatal Sepsis:
- iii. Pathological:
- iv. Neonatal Hypoglycemia:

(b) Very low birth weight(less than 1500gms) wherever available or weight at time of placement to SAA or:

(c) Pre-term(less than thirty two weeks) wherever available or assessable at time of placement to SAA:

Detailed hospital discharged summary (if available)

**NOTE:** This category 1 of Infants requiring observation may be a temporary special needs categorisation. It shall require close follow up and evaluation of the special needs status periodically especially within the 1<sup>st</sup> year of life. Many of these may become typically developing

or normal children.

## 2. Neuromotor Conditions:

These are abnormalities resulting from damage to the brain, spinal cord or nervous system, which result in problems related to movement and posture. These conditions range from mild to severe stiffness or looseness of one or more limb and trunk. Due to stiffness or looseness, these children may have abnormal posture and gait. They can be mildly effected (e.g. stiffness of ankle) to severely affected (e.g. nonattainment of sitting or standing or walking etc.). They may or may not be independent in carrying out activities of daily living.

- (a) Cerebral Palsy:
- (b) Muscular Dystrophy:
- (c) Hereditary or Acquired Neuropathy:
- (d) Spinal Muscular Atrophy:
- (e) Neuropaediatric report:

## 3. Neurodevelopmental Disorders:

These are impairment of growth and development of the brain or central nervous system. This can include developmental brain dysfunction, which can manifest as neuropsychiatric problems or problems of learning, language, non-verbal communication etc. They can be mildly affected (e.g. mild speech delay) to severely affected (e.g. nonattainment of sitting or standing or walking, severe intellectual disability, severe autism spectrum disorder etc.)

- (a) Intellectual Disability:
- (b) Learning Disability:
- (c) Autism Spectrum Disorder:
- (d) Attention deficit hyperactivity disorder:

Formal Developmental Quotient & Intelligence Quotient Report with assessment by the clinical or child psychologist:

## 4. Skeletal or Orthopaedic Conditions:

These include impairments caused by congenital anomalies such as absence of member, clubfoot, Impairment caused by acquired diseases such as poliomyelitis or impairment for other causes to include amputation, fractures etc.

- (a) Amputation (Partial or Complete):
- (b) Post fracture deformity:
- (c) Upload X-Ray and Orthopaedic Report:

## 5. Vision Impairment and eye related Conditions:

Vision impairment is a decreased ability to see to a degree that causes problems not fixable by usual means such as glasses. It ranges from mild impairment to complete blindness. Other eye related problems include squint, cataract etc. These children may or may not be independent in activities of daily living depending on severity of condition.

- (a) Blind or Low vision:
- (b) Retinal Detachment:
- (c) Squint\*:
- (d) Cataract\*:
- (e) Ophthalmologist Report:

## 6. Hearing Impairment and speech and language:

Hearing impairment is a partial or total inability to hear. Speech and language conditions shall include speech dysfunction or dysphasia, severe stammering etc. These children may or may not be independent in activities of daily living depending on severity of condition.

- (a) Deaf or Hearing impairment or Hard of hearing :
- (b) Speech dysfunction or dysphasia:
- (c) Severe Stammering:
- (d) Speech therapy report:
- (e) ENT Report:

#### **7. Birth Defects:**

This category includes babies born with a part of the body that is missing or malformed. This includes a range of defects like skin, soft tissue, bone, cardiac etc. These may or may not be required intervention based on organ involved.

- (a) Ambiguous genitalia:
- (b) Undescended Testis:
- (c) Single Kidney:
- (d) Congenial Heart Defects:
- (e) Fetal Alcohol Syndrome:
- (f) Cleft lip or palate or both\*
- (g) Pierre Robin Syndrome:
- (h) Hernia\*:
- (i) Congenial Dislocation of Hip:
- (j) Finger or Toes Joined (syndactyly):
- (k) Disfiguring Birth Mark\*:
- (l) Primary Microcephaly:
- (m) Clinical Report along the opinion of medical specialist:

#### **8. Identical Genetic or Metabolic Conditions:**

Inherit metabolic disorders are genetic conditions that result is metabolism problem. They may be treatable by dietary modifications or may require special diets.

- (a) Albinism:
- (b) Dwarfism:
- (c) Ectodermal Dysplasia:
- (d) Clinical Report along the opinion of medical specialist:

#### **9. Blood related conditions:**

Common blood related conditions include anaemia, bleeding disorders such as haemophilia etc. They require frequent blood transfusion or coagulation factor transfusion based on severity of disease.

- (a) Sickle Cell Anaemia:
- (b) Thalassemia:
- (c) Haemophilia:
- (d) Haematology Report:

#### **10. Chronic Systemic Disorders:**

These include chronic respiratory, cardiac, endocrine, gastrointestinal and neurological disorder. Due to chronicity, they may require long term or lifelong medications. Life span depends on type of underlying condition.

- (a) Respiratory Disorders:

- (i) Chronic Asthma:
- (ii) Bronchiectasis:
- Medical specialist report:
- (b) Cardiac Disorders:
  - (i) Rheumatic Heart Disease:
  - (ii) Any Other:
  - Medical specialist report:
- (c) Endocrinal Disorders:
  - (i) Diabetes Mellitus:
  - (ii) Hypo or Hyper Thyroidism:
  - Medical specialist report:
- (d) Neurological Disorders:
  - (i) Epilepsy:
  - (ii) Multiple Sclerosis:
  - (iii) Any Other:
  - Medical specialist report:
- (e) Gastrointestinal Disorders:
  - (i) Celiac Disease:
  - (ii) Inflammatory Bowel Disease:
  - Medical specialist report:
- (f) Others:
  - (i) Chronic Tonsillitis:
  - (ii) Chronic Otitis Media:
  - (iii) Any Other:
  - Medical specialist report:

**11. Skin Conditions:**

These includes non-infectious skin conditions like eczema, vitiligo etc. These children may need long term medication.

- (a) Burns\*:
- (b) Ichthyosis:
- (c) Vitiligo:
- (d) Dermatologist Report:

**12. Infectious Conditions:**

These include congenial and acquired infection like Hepatitis B, Hepatitis C, HIV, Tuberculosis etc.

- (a) Congenial:
  - (i) Hepatitis B:
  - (ii) Hepatitis C:
  - (iii) HIV:
  - (iv) Tuberculosis:
  - Relevant Test Report along with opinion of medical specialist:
- (b) Acquired:

- (i) Hepatitis B:
  - (ii) Hepatitis C:
  - (iii) HIV:
  - (iv) Elephantiasis:
  - (v) Tuberculosis:
  - (vi) Leprosy (Active):
- Relevant Test Report along with opinion of medical specialist:

**13. Nutritional Disorders and Deficiency States\*:**

These include nutrient deficiencies or excesses in the diet, malnutrition, obesity and eating disorders.

- (a) Malnutrition\*:
  - (b) Obesity\*:
  - (c) Eating Disorders\*:
  - (d) Rickets\*:
  - (e) Nutritional Anaemia\*:
  - (f) Scurvy\*:
- Relevant Test Report along with opinion of medical specialist:

**14. Other Conditions:**

These include the following.

- (a) Tumorous and Childhood Malignancies:
  - (b) Post Surgery (Colostomy, Ileostomy):
  - (c) Traumatic Injuries:
  - (d) Any Neuropsychiatric Illness:
  - (e) Any Other:
- Relevant Test Report along with opinion of medical specialist:

**15. Multiple Co-existing Conditions:**

In case combination of the above listed disorders or diseases are selected.

**[Note- \* This may be a temporary special needs categorisation. It shall require close follow up and evaluation of the special needs status periodically. Some of these may become typically developing or normal children.]**

With the above profile, I conclude that the child is having special needs or not having special needs.

Signature of the Examinee CMO

Designation and Registration No.

Stamp  
Date

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**Acceptance of Medical Examination Report by Prospective Adoptive Parents**

[भाग II—खण्ड 3(i)]

भारत का राजपत्र : असाधारण

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

(Signature of the male applicant)

(Name of the male applicant)

Date:

Place:

(Signature of the female applicant)

(Name of the female applicant)

Date:

Place: