

# Adult and Child Foster Home Physician Statement Quick Reference Guide

May 28, 2026

## Physician Statement

[Find a copy of the Physician Statement](#)

### What is a Physician Statement?

This is a required form created by the Office of Developmental Disabilities Services (ODDS). You must use this form to provide the required information. You must submit this form any time there are changes to your health circumstances since the last time your license or certificate was renewed.

### How to complete the Physician Statement?

Start by filling out your name and date of birth at the top of the form.

Part One – Applicant to complete.

- Review of symptoms: Place a checkmark for each symptom that applies to you.
- Past medical or psychiatric conditions: List each condition you have received treatment for and recovered from, the date of onset, and type of treatment. If you do not have any past medical or psychiatric conditions, mark the N/A box.
- Current medical or psychiatric conditions: List each condition you are currently experiencing and receiving treatment for, the date of onset, and type of treatment. If you do not have any current medical or psychiatric conditions, mark the N/A box.

- Surgeries/Hospitalizations: List each surgery or condition for which you were hospitalized and the date. If you have not had any surgeries or conditions you were hospitalized for, mark the N/A box.
- Vaccination History: For each vaccination listed, mark whether you have received it “yes”, or you have not received it “no”. If you are not sure if you have received a vaccination, mark “unsure.”
- Medications: List all prescription medications, over the counter medications, vitamins, herbal supplements, and medical marijuana you use. If you do not take any prescription medications, over the counter medications, vitamins, herbal supplements, or medical marijuana, mark the N/A box.
- Occupational Assessment: Answer each question. If you mark “yes” for any question, please explain in the box provided.
- Once you complete the form, you must sign with an attestation that the information is true, correct, and complete.

You must provide this form with Part One completed to your physician, physician’s assistant, or nurse practitioner. Forms completed by other medical professionals including but not limited to dentists, therapists, chiropractors will not be accepted.

Part Two – Physician, Physician Assistant or Nurse Practitioner to complete:

- If Part Two is not completed you will need to return to your physician, physician’s assistant, or nurse practitioner for completion. Incomplete documentation may result in denial of your application.

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