

Medical Conditions Checklist

Welcome! This form is necessary for CCAI to attempt to match you with a Waiting Child. The Medical Conditions Checklist will help us understand your family's openness in terms of a child's age, gender, and special need(s) and will allow us to consider your family as we receive information on Waiting Children from the China Center for Children's Welfare & Adoption (CCCWA). Please work together with your spouse to complete the Checklist. If available, your social worker or family doctor can serve as a wonderful resource to help you.

Adoptive Family Name(s):

Husband: _____

Wife: _____

Phone: _____

Alt Phone: _____

Email: _____

Our Log-In Date (LID) with CCAI is (date) _____

We are working on our dossier

We have submitted a Family Info Sheet

Desired gender: Female Male No Preference

Desired age (at time of match): _____ to _____ months

Please share with us which special needs your family is open to.

Checking YES does not commit you to a particular child, but a YES indicates a strong level of education and comfort with a particular special need. Before submitting your Checklist, you should have discussed any conditions marked YES with a medical specialist as well as your insurance company.

Checking MAYBE indicates that you have researched a particular condition and would be prepared to review the file of a child with this condition.

Yes No Maybe

FACIAL

- Cleft lip AND palate (May be unilateral or bilateral, first to third degree)
- Facial malformation (Including hemifacial microsomia)

HEART

- Congenital heart disease – minor (typically includes VSD, ASD, PFO, PDA, etc.)
- Congenital heart disease – major (typically includes TOF, multiple or structural pathologies)

BLOOD

- Hepatitis B
- HIV+
- Syphilis
- Thalassemia

SKELETAL

- Arthrogryposis/Joint disorders
- Club foot/feet
- Missing/malformed fingers/toes
- Missing/malformed hands/arms
- Missing/malformed feet/legs
 - One affected limb only and/or Multiple affected limbs
- Scoliosis (moderate to severe)
- Short stature/(Dwarfism)
- Spina bifida (meningocele /myelomeningocele)

VISION/HEARING

- Ear malformation (microtia/atresia, may be unilateral/bilateral)
- Hearing loss (partial/moderate)
- Hearing loss (significant/deaf)
- Eye - nystagmus/strabismus/ptosis
- Eye - cataracts/glaucoma
- Vision loss (in one eye, partial/moderate)
- Vision loss (significant/blind)

Please indicate any other conditions, not listed here, that you may consider: _____

Yes No Maybe

SKIN

- Albinism AND low vision
- Nevus/Birthmark/Vitiligo (moderate to significant/facial)
- Hemangioma/Lymphangioma
- Scar/Burns (moderate to significant/facial)

NERVOUS SYSTEM/DEVELOPMENTAL

- Cerebral anoxia/Brain damage or malformation
- Cerebral palsy
- Down Syndrome
- Hydrocephalus
- Delayed development (may be physical and/or mental, beyond typical expected institutional delays)

GENITAL

- Ambiguous genitalia
- Male genital malformations (including hypospadias/micropenis/undescended testicles/etc.)

DIGESTIVE

- Anal atresia (imperforate anus)
- Gastroschisis

OTHER

- Epilepsy/Seizure disorder
- Paralysis
 - One affected limb only and/or Multiple affected limbs
- Teratoma

HEALTHY CHILD

- Healthy older child (over 6 years)

Indicate age range in years: _____

Please indicate if your family will consider a child with known multiple conditions:

- No
- Yes, if conditions are apparently unrelated (for example, hepatitis B and a heart condition)
- Yes, if conditions may represent a potential syndrome (for example, a heart condition AND limb condition AND cleft palate, etc.)