

**Ear, Eye and Head**

**Conditions**

Apraxia/Mute  
Blindness  
Cataracts  
Cleft Lip/Palate  
Deafness  
Ear Malformation –  
    Microtia/Atresia  
Facial Malformation  
Glaucoma  
Eye Malformations –  
    Microphthalmia  
Laryngeal Stridor (larynx  
    condition)  
Leukoma  
Microcephaly  
Nystagmus  
Hearing Loss – Partial  
Vision Loss – Partial  
Retinoblastoma

**Heart/Blood Conditions**

Dextrocardia  
Heart Condition (moderate  
    to major)  
Hemophilia  
Phenylketonuria  
Thalassemia  
Turner’s Syndrome

**Bone, Muscle and Joint**

**Conditions**

Arthrogryposis  
Brachial Plexus Injury  
Club Foot/Feet  
Dwarfism/Short Stature  
Ectrodactyly  
Hip Dysplasia  
Missing/malformed feet/legs  
Missing/malformed  
    fingers/toes  
Missing/malformed  
    hands/arms  
Osteogenesis Imperfecta  
Scoliosis  
Teratoma

**Infectious Diseases**

Hepatitis B  
Hepatitis C  
HIV  
Syphilis  
Tuberculosis

**Neurologic Conditions**

Abnormal Brain CT  
Arachnoid Cyst  
Brain Damage  
Central Coordination  
    Disorder  
Cerebral Hemorrhage  
Cerebral Palsy  
Chiari Malformation  
Corpus Callosum Agenesis  
Epilepsy  
Hemiplegia  
Hydrocephalus  
Hypoxic Ischemic  
    Encephalopathy  
Paralysis  
Spina Bifida  
    (Meningocele/Myelomeli-  
    ngocele)  
Tethered Spinal Cord

**Feeding/Colon Conditions**

Anal Atresia  
Biliary Atresia  
Esophageal Atresia  
Gastroschisis  
Intestinal Atresia  
Megacolon/Hirschsprung’s  
    Disease

**Reproductive/Urologic/Nep-  
hrological Conditions**

Bladder Exstrophy  
Genital Malformation  
Hydronephrosis  
Hypospadias  
Incontinence  
Intersex/DSD  
Kidney Condition  
Liver Condition  
Omphalocele

**Skin/Vascular Conditions**

Albinism (AND low vision)  
Burns  
Epidermolysis Bullosa  
Hairy Nevus  
Facial Hemangioma  
Ichthyosis  
Vitiligo

**Developmental Conditions**

Autism  
Delayed Development (may  
    be physical, motor,  
    and/or cognitive)  
Down Syndrome  
Premature (AND delayed  
    development)

**Healthy Older Child (10+)**

Specify Age Range \_\_\_\_ to  
    \_\_\_\_ yrs

**Please indicate if your family  
will consider a child with  
multiple conditions  
marked “yes” on your  
MCC:**  
 Yes  
 No