

Medical Conditions List

	Yes	Maybe	No		Yes	Maybe	No		Yes	Maybe	No
Birth Conditions				Emotional				Partial or missing fingers, toes, hand, foot, arm, leg			
Premature				Behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis—paraplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
less than 36 weeks gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Known physical abuse in past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current or future use of crutches or braces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low birthweight—under 4.5 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Known sexual abuse in past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthrogryposis (persistent flexure/contraction of joint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory distress syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Parent History				Osteogenesis imperfecta (brittle bone disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperbilirubinemia (Jaundice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple orthopedic problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip:				Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair confined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unilateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures			
Bilateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical conditions/Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birthmother HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transitory—unknown cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip and palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birthmother used alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncontrolled—major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birthmother used drugs during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Conditions			
Albinism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary				Birthmarks			
Blood Conditions				Kidney malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	requiring surgical removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital malformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nevus—large or unusual raised birthmark that may or may not be correctable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaginal atresia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision			
Other blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing				Crossed eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Nervous System				Partial hearing loss, moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possible vision problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral palsy:				Total hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of sight, one eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear atresia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart				Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Murmur, unknown prognosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Conditions			
Microcephaly (smaller head size):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other—may require surgery (ASD, VSD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Describe:			
Hydrocephaly (larger head size):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases				_____			
Neurofibromatosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis (active)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Spina bifida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Developmental				HIV/AIDS positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Failure to thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic				_____			
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Club foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Malnutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small stature (dwarfism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Mental retardation:				Arm/leg shorter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
suspected/minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Webbed or extra fingers, toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Fetal alcohol syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congenital hip dislocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Fetal Alcohol Effect (FAE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Down syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Digestive											
Gastrointestinal disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Anal Atresia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

* Children are not routinely tested for Hepatitis C