

To be completed by the adoption department	
Date	File number

Health Declaration to be used for adoptions

1. Applicant		
Full name	Civil Registration No.	
Address:	Postal code:	City:

2. Hereditary diseases	
Are you aware of hereditary diseases in your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which	

3. Congenital diseases or development defects		
A. Do you suffer from or have you suffered from a congenital disease or development defect?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, which		
B. Have you had any special diseases in your childhood or adolescence?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, what diseases		
C. Have you been hospitalised before the age of 18?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where	When	For what

4. Special diseases when grown up	
A. Have you suffered from special diseases as an adult?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which	When

B. Have you been examined or treated by doctors, specialists, including psychiatrists and psychologists or been hospitalised?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, name of doctor/hospital	For what	When		
C. Have you had surgery?				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, for what		When		
Information about hospital/address				
D. Have you been absent owing to sickness for more than three continuous weeks?				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, when	For what reason			
E. Have you taken medicine, except in connection with short illness?				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what medicine				
F. Have you been injured in an accident?				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, how		When		
G. Have you had concussion?				
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, when				

5. Women only

A. Have you been pregnant? No Yes

If yes, when did your pregnancy end?

Course of each pregnancy: illness during pregnancies, termination of pregnancies (miscarriage, pregnancy outside the womb, premature birth, normal birth, complications, child's condition)

B. In the event of unwanted childlessness: How many years have you tried to get pregnant? Number of years?

C. Have you been examined for childlessness? No Yes

If yes, where

When

What was the result of the examination?

D. Have you been treated for childlessness, including hormonal treatment, surgery, insemination or egg transplants? No Yes

If yes, where

When

What treatment(s)

E. Are the treatments finally concluded? No Yes

6. Men only

A. Do you have biological children? No Yes

B. Have you been treated for childlessness? No Yes

If yes, where

When

What was the result of the examination?

Hormonal treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Surgery	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes
D. Were you rejected by the draft board or discharged prematurely on grounds of health?					<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what grounds					

7. Current state of health		
A. Do you feel completely well physically and mentally?		
		<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, what are you suffering from		
B. Are you currently taking medicine?		
		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, state each medicine		Daily dose
C. What is your average weekly consumption of		
Alcohol (beer, wine, spirits) per week	Tobacco per week	Drugs

8. General practitioner	
Name	
Address	
	Telephone

9. Declaration	
I declare that the above is in accordance with the truth. I accept that medical information is obtained, and I am willing to pay any associated expenses. Providing incorrect information is subject to punishment under Section 163 of the Danish Criminal Code.	
Date:	Signature:

Processing of personal data

Agency of Family Law handles and processes personal data electronically. The General Data Protection Regulation is therefore in effect in regards to all processing of any kind in Agency of Family Law. If you would like further information, you can visit the following page www.familieretshuset.dk/persondata