

Medical Conditions Checklist - Korea

Profile of Children from Korea

Age: Most children from Korea are 6-12 months at time of match, and 18-30 months at time of placement. Some older (usually toddler age) children are also available and typically appear on our Waiting Child photolisting.

Gender: All families must be open to adopting a child of either gender. Families cannot decline a child referral based on the gender of a child.

All families must be open to the following common special needs:

- ✓ Prenatal exposure to alcohol/tobacco (moderate)
- ✓ Developmental delays
- ✓ Prematurity/low birth weight with accompanying developmental delays or medical issues
- ✓ Heart murmur/heart conditions
- ✓ Skin conditions (Mongolian spots, nevus, hemangioma, birthmarks)
- ✓ Potentially hereditary family medical history
- ✓ Plagiocephaly
- ✓ Cryptorchidism (Undescended testis)

We are open to the above list of special needs.

Your level of openness to additional medical conditions can directly impact your match time frame. We also receive referrals for children with more involved medical conditions or birth history. These are some of the conditions we see. Please mark any you are open to considering:

- | | |
|--|--|
| <input type="checkbox"/> Major prenatal alcohol exposure | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Birth parent history of intellectual disability | <input type="checkbox"/> Neurological conditions |
| <input type="checkbox"/> Birth parent history of mental illness | <input type="checkbox"/> Seizures (history or current) |
| <input type="checkbox"/> Macrocephaly/microcephaly | <input type="checkbox"/> Neurofibromatosis |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Congenital syphilis |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Eye conditions (ptosis, strabismus) |
| <input type="checkbox"/> Intellectual disability/cognitive delay | <input type="checkbox"/> Septo-optic dysplasia |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Other: _____ |

Please include any other notes that you feel would be helpful for us to know:

Name (printed): _____ Signature: _____

Name (printed): _____ Signature: _____

Date: _____