Medical Report

Applicant Name
_____

Applicant Address
_____
_____
_____
_____

The above named has applied to provide respite care for children and/or vulnerable adults. It is important that we establish the applicant's ability and personal suitability to provide care for a variety of people who may have developmental disabilities, physical disabilities, mental health issues, and/or medical conditions.

The applicant has given his/her permission for you to release pertinent information to Kindale Developmental Association. We would appreciate your answering the following questions:

1. Length of time applicant known to you:
   Since: _____ _____
   (month) (year)
2. Health problems that would affect the applicant's ability to provide the care described above. Please specify:

_____
_____
_____
_____

_____
Signature of Physician

_____
Date

_____
Name of Physician

_____
Address
_____
_____
_____

PLEASE RETURN WHEN COMPLETE, MARKED "PERSONAL & CONFIDENTIAL" TO:

Respite Coordinator
Kindale Developmental Association
Box 94, Armstrong, BC V0E 1B0
Or Fax to 250-546-3053

Jan 18, 2013