



WEECHI-IT-TE-WIN  
 Family Services Inc.  
 P.O. Box 812, Fort Frances, ON.

1-807-274-3201  
 Fax 1-807-274-8435  
 Toll Free 1-800-465-2911

**MEDICAL STATEMENT ON FOSTER FAMILY**

To the Physician:

RE: **CAREGIVER APPLICANT** \_\_\_\_\_

This individual has applied to Weechi-It-Te-Win Family Services Inc. for placement of children in his/her home. We would appreciate your help in providing a written statement of the medical conditions of any person named below:  
 {Minister's Reg s.121(2)(e)} made under the Child, Youth and Family Services Act 2017

Date of Examination: \_\_\_\_\_

First Nation Requesting: \_\_\_\_\_

Name	Are there any general health and specific illnesses or disabilities of the individuals listed who reside in the proposed foster home and whether or not they might interfere with the provision of foster care?	By signing, I am consenting to the release of information of any medical information that may effect providing foster care.
1.		
2.		
3.		
4.		

Based on your findings, there are no issues regarding the overall physical health of this family that would interfere with providing care to children \_\_\_\_\_ agree \_\_\_\_\_ disagree

Physician: \_\_\_\_\_

Date: \_\_\_\_\_