FOREST COUNTY POTAWATOMI
INDIAN CHILD WELFARE DEPT.
5415 Everybody's Rd. • P.O. Box 340 • Crandon, WI 54520 • Phone: (715) 478-4812 • Fax: (715) 478-7442

HEALTH REPORT FOR FOSTER PARENT (APPLICANT)

Patient's Name _____ Date of Exam _____

Patient's Address _____

Physical Examination

General Vitality Level (circle one) Excellent Good Fair Poor

This is to certify that on _____ I examined_____,
Examination Date Name of foster parent/applicant

Such examination included a TB Test.

General Health- Please include pertinent diagnoses, prognoses, and treatment, Including medication that could interfere with the proper care of foster children

Comments: _____

_____

_____
Physician's Signature

_____
Type or Print or stamp above Name

_____
Address

I hereby authorize the above named physician to release the information contained on this form to Forest County Potawatomi Indian Child Welfare Department.

_____
Applicant/Foster Parent Signature