

4 To be completed by a registered physician (If you need more room, attach further information to this form)

How long have you known the applicant _____ . Date of last examination _____ .
years/months date (yyyy/mm/dd)

Describe anything medical that could affect the applicant's ability to be an effective parent.

Has the applicant ever had an emotional, nervous, or psychiatric condition? No Yes if yes, please describe below

Are you aware of any substance abuse /addiction condition? No Yes if yes, please describe below

Describe anything else that could affect the applicant's ability to be an effective parent or that might prevent the applicant from handling the additional demands of adopting or fostering.

name of physician

address

address

province postal code

area of practice

phone number

Signature

date (yyyy/mm/dd)