



MEDICAL STATUS FORM

(Must be completed by a medical doctor)

Name: _____

has applied to TANGUAY PLACE.

In order to approve the application, the form must be completed in full.

PHYSICAL STATUS

Medical Diagnosis: _____

Does the applicant require Attendant Care?

YES

NO

Hours needed:

0-3 mostly independent

3-6 some assistance needed

complete care needed

Please Explain:

Medication Administration: Self Other, Specify Who: _____

Are there any behavioural concerns YES NO

If YES, Please Explain: _____

Additional Comments: _____

Date: _____

Physician's Signature or Stamp:

Please Return form to:

**Tanugay Place
675 Tanguay Avenue
Welland, Ontario L3B 6A1**

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