



## RESPITE PROGRAM

### ANNUAL HEALTH REPORT

\_\_\_\_\_ is an individual that is utilizing the CWSDS respite program.

The CWSDS Respite Program needs to assure that \_\_\_\_\_ is free of all communicable diseases. CWSDS Respite program also needs to assure that

\_\_\_\_\_ has all their immunizations and boosters up to date. We also need a detail list of all current prescribed medication, any over the counter medications, any natural supplements and vitamins that this individual is or may be taking. If we do not have the above information access to the program will be denied. Your cooperation is appreciated.

**Prescribed Medications, over the counter medications and natural supplements or vitamins:**

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**Comments:**

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Signature of Doctor

Date

Thank You

CWSDS Respite Program