



To the physician or health practitioner:

This medical statement will be used to assist in determining eligibility for educational support due to a temporary medical condition, Section 504 disability, or other disability-related impacts to the student.

The medical statement you provide will be used with other evidence for the school 504 team to determine eligibility. If a student is determined to have a medical or physical impairment, the school 504 team will then determine whether the impairment substantially limits a major life activity under Section 504.

A substantial limitation means the student is restricted as to the condition, manner or duration in performing the major life activity as compared to an average student. Your expertise as a medical provider is critical in understanding the impact of a disability on your patient.



Medical Statement or Health Assessment Statement

Please return to:		Date of Assessment:	
		Child's Name:	
		Birthdate:	

To the physician or health practitioner: This medical statement will be used to assist in determining eligibility for educational support due to a temporary medical, Section 504 disability accommodations or other disability-related supports for the student. Please attach documentation as needed. Consent for release of information is enclosed.

<p>1. Does the student have a physical or mental impairment?</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="margin-left: 40px;">If yes, what is the student's diagnosis and how long is the condition expected to last?</p>
<p>2. Describe the student's current prognosis and the nature and extent of possible change in the student's condition?</p>
<p>3. What are the anticipated effects of the student's impairment on the student's ability to access, participate in, or benefit from school/educational experience?</p>
<p>4. Does the student have any restrictions on physical activity due to the medical condition? What is the estimated length of time these restrictions will be needed?</p>
<p>5. What medically necessary accommodations are needed, if any, for the student to access education due to the medical condition? What is the estimated length of time these restrictions will be needed?</p>
<p>6. Does the student have any other special health/medical issues of which the School District should be aware which could affect the student in the school setting?</p>
<p>7. Is the student currently on any medication of which the School District should be aware?</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="margin-left: 40px;">If yes, please list medication(s), dosage, and frequency.</p>
<p>Additional comments to assist in educational planning for student:</p>

Print Name/Title:	Phone:
	Address:
Signature:	Email: