Suwannee County School District Student Services Department

Physician's Report

Student's Name:		Student #			
DOB:	Last Grade:	First School:		Date:	
1. What is th	ne student's medical diag	gnosis? (Please inc	clude a description of	f the impairment.)	
	eligible for a special propropriate description of		ically impaired if the	student has an impairment as listed below	
				vylon immoinmont vyhialt a decessale.	
				cular impairment which adversely	
				resulting from congenital	
				d fractures or burns that cause	
				nipulate materials required for	
	or affects ambulation, p				
	_	_	-	tness, due to chronic or acute	
health problems such as a heart condition, tuberculosis, rheumatic fever, nephiritis, asthma, sickle cell					
			ciency in school worl	k because of temporary or	
	lack of strength, vitality				
☐ Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force					
resulting	resulting in total or partial functional disability or psychosocial impairment, or both, that adversely				
				enerative brain injuries or those	
	induced by birth trauma. This impairment results in the student demonstrating significant difficulty				
requiring	g an adaption to the sch	ool routine, enviro	nment, or curriculum		
2. List any	medical implications for	r instruction.			
2 What may	diantions if any is the s	student telsing?			
5. What med	dications, if any, is the s	student taking?			
4. Describe	any emergency procedu	res appropriate for	the student.		
5. Date of la	ast physical examination	n:		_	
Physician's l	Information:				
N	ame/Title(please print)		Phone Number		
	Address/Ci	ity/State			
Si	enature (M.D. or O.D. required)		Date		

Please return to: Office of Student Services Suwannee County School District 702 2nd St. NW Live Oak, FL 32064

Fax: 386-208-8687