

Alachua County Public Schools/Exceptional Student Education  
**Physician's Report**

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
*Last* *First* *Middle*

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

<input type="checkbox"/>	<b>Check if the student has no diagnosis at this time. Skip #1-5 and proceed to #6.</b>						
1.	<b>What is the student's medical diagnosis? Please include a description of the impairment:</b> <hr/> <hr/> <hr/> <p>A student may be eligible for a special program, if the student has an impairment, as indicated below. <b><u>Please check the appropriate description of impairment, if any, related to the diagnosis. Please check at least one box:</u></b></p> <p><input type="checkbox"/> <b>Orthopedic Impairment</b> means a severe skeletal, muscular, or neuromuscular impairment. The term includes impairments resulting from congenital anomalies (e.g., including, but not limited to, skeletal deformity or spina bifida) and impairments resulting from other causes (e.g., including, but not limited to, cerebral palsy or amputations). There is evidence of an orthopedic impairment that adversely affects the student's performance in the educational environment in any of the following: ambulation, hand movement, coordination, or daily living skills.</p> <p><input type="checkbox"/> <b>Other Health Impairment</b> means having limited strength, vitality, or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems. This includes, but is not limited to, asthma, attention deficit disorder or attention deficit hyperactivity disorder, Tourette syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury. There is evidence of a health impairment that results in reduced efficiency in schoolwork and adversely effects the student's performance in the educational environment.</p> <p><input type="checkbox"/> <b>Traumatic Brain Injury</b> means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term applies to mild, moderate, or severe open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; or speech. The term includes anoxia due to trauma. The term does not include brain injuries that are congenital, degenerative, or induced by birth trauma. There is evidence of traumatic brain injury that impacts one or more of the areas identified in the definition.</p> <p><input type="checkbox"/> <b>None of the above. The impairment does not present the type of disability and/or to the degree of severity described in any of the above options.</b></p>						
2.	<b>List any possible medical implications for instruction, how might the diagnosis affect performance in school:</b> <hr/> <hr/>						
3.	<b>What medications, if any, is the student taking?</b> <hr/> <hr/>						
4.	<b>Describe any emergency procedures appropriate for the student.</b> <hr/> <hr/>						
5.	<b>Date of last physical examination:</b> _____						
6.	<b>Physician's Information:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">                 _____  <i>PRINT Name/Title (M.D. or O.D. required)</i> </td> <td style="width: 40%; border: none;">                 _____  <i>SIGNATURE (M.D. or O.D. required)</i> </td> </tr> <tr> <td style="border: none;">                 _____  <i>Address</i> </td> <td style="border: none;">                 _____  <i>Date</i> </td> </tr> <tr> <td style="border: none;">                 _____  <i>Address</i> </td> <td style="border: none;">                 _____  <i>Phone Number</i> </td> </tr> </table>	_____ <i>PRINT Name/Title (M.D. or O.D. required)</i>	_____ <i>SIGNATURE (M.D. or O.D. required)</i>	_____ <i>Address</i>	_____ <i>Date</i>	_____ <i>Address</i>	_____ <i>Phone Number</i>
_____ <i>PRINT Name/Title (M.D. or O.D. required)</i>	_____ <i>SIGNATURE (M.D. or O.D. required)</i>						
_____ <i>Address</i>	_____ <i>Date</i>						
_____ <i>Address</i>	_____ <i>Phone Number</i>						

Please return to:  School: \_\_\_\_\_  Pre-K ESE, Servin Center  
 Address: \_\_\_\_\_ 1725 SE 1 Avenue, Gainesville, FL 32641  
 Fax: (\_\_\_\_) \_\_\_\_\_ Fax: 1-844-821-6920