

Pelham City Schools

203 Mathewson Ave.
Pelham, GA 31779
Tel: (229) 294-8715
Fax: (229) 294-2760

Dear Physician:

In order to determine eligibility for special services to students with health impairments, the school system must have a medical evaluation report from a licensed doctor. Please complete the bottom of this form so that the school system can determine eligibility for special services. If you have any questions about this form or student, please feel free to contact me at the above phone number. **Please mail or fax this form back to the address or fax number at the top of this letter.**

Sincerely,

Kimberly NeSmith
504 Coordinator

PHYSICIAN'S STATEMENT

Student's Name: _____ Date of Birth: _____

Date of last doctor's examination _____

Current medical diagnosis _____

Current medication(s) and dosage(s) _____

How does this health impairment affect the child's ability to perform at school? Check all that apply:

- Excessive absenteeism linked to health condition (treatments, surgeries, etc.)
- Specialized health care procedures that are necessary during the school day.
- Medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue.
- Limited physical strength resulting in decreased capacity to perform school tasks.
- Limited endurance resulting in decreased stamina and decreased ability to perform school tasks.
- Heightened or diminished alertness resulting in impaired abilities.
- Impaired ability to manage and organize materials and complete classroom assignments within routine time limits.
- Impaired ability to follow directions or initiate or complete a task.
- Other, please describe: _____

List any special health care procedures, special diet or activity restrictions:

Print Doctor's Name: _____

Licensed Physician's Signature

Date