**Oak Ridge Schools**

**Letter to Physician Regarding Medical Concerns**

(Date)

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

A referral has been initiated for \_\_\_\_\_\_\_(student’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_(date of birth)\_\_\_\_\_ of \_\_\_\_(address)\_\_\_\_\_\_\_\_\_\_\_ under Section 504 of the Rehabilitation Act of 1973. The reason(s) for the referral is/are:

[Type reason(s) here]

Since the questions presented are relative to medical concerns and it appears these concerns are affecting a “major life activity” or “major bodily function” we would appreciate your input. Please complete the attached questionnaire. A release of information has been signed by the parent/guardian and is attached for your convenience.

If you have any questions regarding this request, please do not hesitate to contact me.

Thank you in advance for your assistance.

Sincerely,

(Name and Title)

Cc: Parent

July 2017