**Oak Ridge Schools**

**Physician Questionnaire for Medical Concerns**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Detail available medical background, including a written diagnostic statement and copies of any/all reports.

2. In your opinion, how do these difficulties “substantially limit” this student’s ability to receive and/or benefit from the education program/activity?

3. Recommendations for consideration at an upcoming conference.

Please attach any reports pertinent to the medical/educational needs of this child.

Please forward a copy to \_\_\_\_\_\_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_(date)\_\_\_\_\_\_\_\_\_.

Thank you.

July 2017