

RICHMOND COUNTY SCHOOL SYSTEM

864 Broad Street
Augusta, Georgia 30901
706-826-1000

Medical Documentation Statement

STUDENT NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

DATE OF MOST RECENT MEDICAL EXAMINATION: _____

MEDICAL DIAGNOSIS/PROGNOSIS: _____

Based on my examination, the above named student DOES DOES NOT demonstrate a long-term illness and/or health disorder or impairment which results in limited strength, vitality, and/or alertness and adversely affects his/her educational performance. Examples may include, but are not limited to, tuberculosis, asthma, diabetes, cancer, heart condition, epilepsy, leukemia, nephritis, sickle cell anemia, cystic fibrosis, rheumatic fever, lead poisoning, seizure disorder, ADHD, and Tourette Syndrome.

This student's medical problems are considered to be of a Mild Moderate Severe nature.

EDUCATIONAL IMPLICATIONS OF HEALTH PROBLEMS: Check those which apply.

- Extended school absences
- Inability to attend full academic schedule
- Inability to attend to tasks the same length of time as peers.
- Unable to function physically and/or academically with peers of the same age and grade expectancy

Please briefly describe any special health care procedures, special diet, activity restrictions and/or any other recommended modifications: _____

Medications currently prescribed: _____

Is medication to be administered at school? YES NO

Is the child receiving any outside services?

- Physical Therapy
- Occupational Therapy
- Speech
- Counseling

Name of Licensed Physician (PRINTED)

Signature of Licensed Physician

Date

Physician Contact Information: _____
Address (Street, City, State, & Zip Code)

Phone Number

Fax Number