



## MERIWETHER COUNTY SCHOOL SYSTEM

### Other Health Impaired Medical Report

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

To examining physician: The above named student is being considered to receive Special Education services. State law requires a current medical evaluation and a physician's assessment of the areas listed below. This information will be maintained in strictest confidence in accordance with Federal law. Your assistance in completing this form will be greatly appreciated.

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date last seen: \_\_\_\_\_

Would either medical condition or medication adversely affect:

{Check if applies}

Yes No

Attendance  
Strength  
Vitality  
Alertness {attention/concentration}

Medical implications for instruction and physical education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Thank you for your cooperation which may allow this student to receive Special Education services.

Please return to:

Services for Exceptional Students  
Meriwether County Schools  
P. O. Box 70  
Greenville, Ga. 30222

Attention: \_\_\_\_\_

School Phone: (706)672-4297  
School Fax: (706) 672-1368