

IBERVILLE PARISH SCHOOLS

Child: _____ DOB: _____ Date: _____

MEDICAL REPORT

1. **Diagnostic impression(s):**

2. **Will the child's medical condition result in reduced efficiency in school work because of temporary or chronic lack of strength, vitality, or alertness?**

3. **Does his/her medical condition substantially limit one or more of the student's major life activities (walking, caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning, and working)?**

4. **Does the student's health condition require health technology or management of treatment including diet?**

5. **Does the impaired functioning significantly interfere with his/her educational performance?**

6. **Please list any implications for instruction and/or physical education.**

7. **Please list all medications currently prescribed by you.**

8. **Prognosis**

9. **Please state any recommendations you may have for accommodating this child in the school environment.**

Date

(Doctor's Signature)