



Date _____

Reason:	<input type="checkbox"/> Medical	<input type="checkbox"/> Behavior Related
Student has a current:	<input type="checkbox"/> IEP	<input type="checkbox"/> 504 <input type="checkbox"/> N/A

Student's Name: _____	Grade _____	DOB _____
Home Address: _____	Phone _____	
Parent/Guardian: _____	School _____	

MEDICAL RELEASE OF INFORMATION

(To be Completed by Parent/Guardian)

I authorized the Physician to release information regarding the student named above to aid in making present and future educational decisions.

Signature of Parent/Guardian

Date

PHYSICIAN'S REPORT

(To be Completed by the Attending Physician)

Part of the determination for placement of a student on home instruction is physical examination completed by a licensed physician. Diagnosis: (Please note any motor, vision, or hearing impairment.)

Is this student's condition serious enough to preclude school attendance? NO YES (Specify below)

Specify Reason: _____

If accommodations were made, could this student attend school: NO YES If Yes, please list your recommendations:

Time of year that is most critical period for medical symptoms (i.e. fall, winter, spring)

Probable Duration of Condition: _____

Physician's Signature _____

Printed Name _____

Address: _____

Date of Exam _____

Phone: _____ FAX: _____

RETURN TO:
Special Services
5954 Longford Rd
Huber Heights, OH 45424
937-237-6300 Office / 937-237-6307 FAX