

Murray County Schools Physician's Report

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Murray County School System has received information that this student may have a medical condition, which may possibly affect his/her academic functioning. All information will be regarded as confidential and will be used for educational planning.

**TO BE COMPLETED BY PHYSICIAN**

Please complete the name of your child's physician and return this form to your child's teacher. We will send the form to your doctor.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I agree to the release of my child's confidential records/information to Murray County Schools. I give permission for appropriate school personnel to discuss my child's progress and educational needs with my child's physician.

Parent / Guardian Signature \_\_\_\_\_

Date of most recent medical evaluation: \_\_\_\_\_

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

Prognosis: \_\_\_\_\_

Medications / surgeries: \_\_\_\_\_

Impact of medications on education: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

In your professional opinion, what are the effects of this condition on educational performance: \_\_\_\_\_

Does the student exhibit:

\_\_\_\_\_ Limited strength (tires easily, chronic absences)

\_\_\_\_\_ Limited Alertness (struggles to attend or concentrate during class, fails to finish tasks, excitable and/or impulsive, easily frustrated with routine tasks, fidgety, restless, easily angered, difficulty listening to or following directions, interrupts or answers without being called on, disorganized, or easily distracted)

\_\_\_\_\_ Limited Vitality

The physical condition is: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Intermittent

If you have any further information or concerns regarding this student, please feel free to include a letter or report.

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

Date completed \_\_\_\_\_

Please return to: Murray County Schools  
Instructional Support Services  
P. O. Box 40

Phone: 706-695-4531  
Fax: 706-695-3289

Office Use Only  
ESS \_\_\_\_\_ 504 \_\_\_\_\_ RTI \_\_\_\_\_  
School Psychologist:

Chatsworth, GA 30705

\_\_\_\_ Gaye Garrett  
\_\_\_\_ Misty Donahoo