Alachua County Public Schools / Exceptional Student Education **Physician's Report**

Student's Nar	ne:			Student #:		
	Last		Middl			
		mosis at this time. Skip #1	•			
1. What is	the student's medical d	iagnosis? <i>Please include a</i>	<i>description</i>	of the impairment:		
				airment, as indicated below. Please check the is. Please check at least one box:		
impairr bifida) There i	ments resulting from co and impairments result s evidence of an orthop	ngenital anomalies (e.g., in ing from other causes (e.g. edic impairment that adve	ncluding, but , including, l rsely affects	omuscular impairment. The term includes t not limited to, skeletal deformity or spina but not limited to, cerebral palsy or amputations the student's performance in the educational pordination, or daily living skills.		
enviror chronic deficit leukem impairi	nmental stimuli, that rese or acute health problem hyperactivity disorder, hia, nephritis, rheumatic	sults in limited alertness wi ms. This includes, but is no Tourette syndrome, diabet fever, sickle cell anemia,	ith respect to ot limited to, es, epilepsy, and acquired	or alertness, including heightened alertness to the educational environment, that is due to asthma, attention deficit disorder or attention a heart condition, hemophilia, lead poisoning, I brain injury. There is evidence of a health ersely effects the student's performance in the		
total or perform one or solving or spee degene	partial functional disabnance. The term applies more areas, such as cog g; sensory, perceptual ar ch. The term includes a	pility or psychosocial impa s to mild, moderate, or severation; language; memory and motor abilities; psychos noxia due to trauma. The terth trauma. There is eviden	irment, or bo ere open or c ; attention; re ocial behavious term does no	ed by an external physical force resulting in oth, that adversely affects educational closed head injuries resulting in impairments in easoning; abstract thinking; judgment; problem or; physical functions; information processing; at include brain injuries that are congenital, atic brain injury that impacts one or more of the		
	of the above. The impa		the type of d	lisability and/or to the degree of severity		
	ŭ	•	how might t	the diagnosis affect performance in school:		
3. What m	nedications, if any, is the	he student taking?				
4. Describ	Describe any emergency procedures appropriate for the student.					
5. Date of	last nhysical examina	tion:				
. injuicit	P	rint Name/Title (M.D. or O.D. requ	uired)	Signature (M.D. or O.D. required)		
		Address		Date Phone		
Please return		Tuan ess		Pre-K/ESE/Fearnside Family Services		
	_			3600 NE 15 Street, Gainesville, FL 32609		
	Fax to:()			Fax: 1-844-821-6920		

Form No.: ESE-2223-001 – Physicians Report / ESE Evaluation Re-evaluation New Date: 8/30/22