



St. Thomas More
Catholic School

1140 Sherbrook Drive, Baton Rouge - LA 70815 - Phone: (225) 275-2820 - FAX: (225) 275-0376

INC MEDICAL DOCUMENTATION FORM

(Physician must complete this form, not the parent)

2018-2019

Name: _____ Grade _____ DOB: _____

Name of Parent(s) _____

Address: _____

Medical information is needed for the above student in order to determine if there are **HEALTH IMPAIRMENTS** sufficient to warrant a Minor Adjustment Plan. The physician must complete the entire form, check appropriate behaviors and provide a simple explanation when indicated:

Diagnosis: _____

Severity of illness: _____ mild _____ moderate _____ severe

Condition causes: _____ reduced efficiency in school work because of---

- _____ temporary or chronic lack of strength
- _____ temporary or chronic lack of vitality
- _____ temporary lack of alertness

Medical Procedures

Medication & dosage taken **at home** for above diagnosis: _____

Is medication taken **at school** for this diagnosis? _____ yes _____ no

If yes, what is the medication & dosage administered at school? _____

(Separate physician order form is required for medication to be administered at school.)

Other medications taken at home _____

Other health issues (asthmas, diabetes, etc.) _____

Student is substantially limited in the following major life activity/activities: _____ Yes _____ No
(If Yes, please check below)

- | | | |
|-------------------------------|----------------|---------------|
| _____ Self care | _____ seeing | |
| _____ performing manual tasks | _____ hearing | _____ walking |
| _____ breathing | _____ speaking | |

_____ This condition **does not interfere** with his/her educational performance.

_____ This condition **significantly interferes with educational performance** in the following way(s):

Physician's Name (please print): _____

Physician's Signature: _____ Date: _____

Office Address _____ Ph: _____ Fax: _____