



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)

## 2016-2017

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:** \_\_\_\_\_