

PHC 60**CHICAGO PUBLIC SCHOOLS****PHYSICIAN'S REPORT on STUDENT with MAJOR HEALTH PROBLEM**Name _____ Age _____ Birth date _____ ID# _____
Last First Middle

Home Address _____ Zip _____

Parents/Guardians _____ School _____

Dear Doctor:

For educational purposes, the Chicago Public Schools considers a major health problem to be any health condition that interferes with the student's ability to participate fully and independently in the educational program. Please provide information regarding this student. The information will be used to assess the student's health/nursing needs in the school setting, determine the least restrictive setting and identify related supportive services. Please return this to the school nurse promptly.

School Nurse _____ Date _____

MEDICAL DIAGNOSIS _____

_____HISTORY AND DETAILED DESCRIPTION OF HEALTH PROBLEMS (including results of special tests,
x-rays, surgery, etc.)

_____TYPE OF MEDICAL TREATMENT STUDENT IS CURRENTLY RECEIVING (including medication)

DO YOU ANTICIPATE THAT THIS STUDENT WILL NEED HOME TEACHING AT ANY TIME DURING THE SCHOOL YEAR? _____ No _____ Yes

If yes, please specify the condition(s) in which home teaching may be necessary (**NOTE:** an additional application “*Medical Referral for Adjustment of Education Program*” is required)

ADDITIONAL CONCERNS _____

PHYSICAL ACTIVITY

	NONE or	SPECIFY LIMITATION
Distance Walking	_____	_____
Stairs	_____	_____
Swimming	_____	_____
Gym/Physical Activity	_____	_____
Special diet? Please describe _____		

Does the student require adaptive equipment?

Braces _____ Glasses _____ Helmet _____ Splints _____ Wheelchair _____ Other _____

Special Care Instructions:

How often should this student have a medical check-up? _____

_____ Next scheduled appointment _____
Date

Physician's Name _____ **Hospital Affiliation** _____
(Please print or type)

Address _____ **Telephone #** _____ **Fax #** _____

Physician's Signature _____ **Date** _____