CLIENT INSTRUCTIONS

PLEASE OBTAIN A PHYSICIAN'S REPORT OF MEDICAL EVALUATION THAT OCCURRED WITHIN 12 MONTHS IMMEDIATELY PRECEDING THE ELIGIBLITY MEETING

Please have your child's physician complete and sign the attached Physician's Report.

1. This form **MUST** be completed by a physician (e.g. medical doctor, pediatrician, psychiatrist, etc…). **DO NOT** have a nurse, nurse practitioner, psychologist or mental health counselor sign the form as **it must be completed and signed by a physician**.

2. The Physician's Report must be for a medical examination that occurred within 12 months immediately preceding the eligibility meeting.

3. The Physician's Report must include a diagnosis and medical implications for instruction.

4. Please return the report to our office so that we can review it prior to the eligibility meeting. Please allow for enough time to go back to the physician in case there is a mistake.

5. YOU ARE SOLEY RESPONSIBLE for making sure the form is obtained and provided to the school district prior to the meeting.

Please call us with any questions you may have.

MyChildWins.com
1264 Upsala Road
Sanford, FL 32771
321-758-8400

Upload to Our Online Portal

mychildwins.com/advocacy-client-portal

PHYSICIAN'S REPORT OF MEDICAL EXAMINATION

(This is a report of a medical examination that was performed within the previous twelve (12) month period)

Patient's/Student's Name:	
Date of Birth:	
Date of Last Examination:	___/___/___ Examination must have occurred within the previous 12 months

1. **DIAGNOSIS:** It is my medical opinion that the patient/student, listed above, has one or more health impairments that cause(s) the patient/student to have limited strength, vitality, or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems. The specific health impairment (s) is/are (CHECK ALL THAT APPLY):

☐ Attention Deficit Hyperactivity Disorder
☐ Autism Spectrum Disorder (ASD)
☐ Diabetes ☐ Hemophilia
☐ Asthma ☐ Nephritis
☐ Acquired Brain Injury ☐ Other:_____
☐ General Anxiety Disorder (GAD)
☐ Opposition Defiant Disorder (ODD)
☐ Sick Cell Anemia ☐ Rheumatic Fever
☐ Tourette Syndrome

2. **MEDICAL IMPLICATIONS FOR INSTRUCTION:** The medical impairment(s), listed above, as manifested in the patient/student, has/have the following medical implications for instruction and in the educational environment:

☒ Reduces Patient's/Student's efficiency in school work
☒ Adversely affects the Patient's/Student's performance in the education environment
☐ Substantially limits the Patient/Student in the major life activities of:

☐ Learning
☐ Behaving
☐ Hearing
☐ Attending School
☐ Studying
☐ Breathing
☐ Concentrating
☐ Regulating Impulses
☐ Seeing (Vision)
☐ Socializing with Peers
☐ Walking
☐ Other:
☐ Working
☐ Regulating Compulsions
☐ Communicating
☐ Following Rules
☐ Standing

3. **MEDICATIONS:** ☐ None ☐ Yes, please list:_____

PHYSICIAN'S SIGNATURE: **MUST BE SIGNED** by a Physician Licensed by the State of Florida in accordance with Chapter 458 or 459, Florida Statutes:

Sign ☞ _____

Printed Name:_____Title:_____

Address:_____

_____

Phone Number:_____

PLEASE RETURN TO:

MyChildWins.com

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