RICHMOND COUNTY SCHOOL SYSTEM
864 Broad Street
Augusta, Georgia 30901
706-826-1000

Medical Documentation Statement

STUDENT NAME: ____ DATE OF BIRTH: _______________

SCHOOL: ____ GRADE: _______________

DATE

strength, vitality, and/or alertness and adversely affects his/her educational performance. Examples may include, but are not limited to, tuberculosis, asthma, diabetes, cancer, heart condition, epilepsy, leukemia, nephritis, sickle cell anemia, cystic fibrosis, rheumatic fever, lead poisoning, seizure disorder, ADHD, and Tourette Syndrome.

7KLV VWXGHQW¶V PHGLFDO SUREOHPV DUH FRQVLGHUed to be of a Mild Moderate Severe nature.

EDUCATIONAL IMPLICATIONS OF HEALTH PROBLEMS: Check those which apply.

- ☐ Extended school absences
- ☐ Inability to attend full academic schedule
- ☐ Inability to attend to tasks the same length of time as peers.
- ☐ Unable to function physically and/or academically with peers of the same age and grade expectancy

Please briefly describe any special health care procedures, special diet, activity restrictions and/or any other recommended modifications:____

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Medications currently prescribed: ____

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Speech Counseling

Name of Licensed Physician (PRINTED)	Signature of Licensed Physician	Date
______________________________	______________________________	______________

Physician Contact Information: _________________