Appendix C. Medical Opinion Form

The Michigan Administrative Rules for Special Education require a physician as a participant in the multidisciplinary evaluation process for the team determination of "Other health impairment". While this form is not required, it is necessary to have the physician's name, area of specialty, and the student's medical diagnosis.

Please complete the following in order to help determine eligibility for special education services and return to the school office listed below.

School Name: _______________________________ Date Requested: _________________
Special Ed. Contact: ________________________ Phone Number: __________________
School Address: ____________________________ Fax number: _____________________
City, State, Zip: _____________________________

Physician’s Name: ___________________________ Phone Number: __________________
Practice Name: _____________________________ Fax Number: _____________________
Practice Address: ____________________________
City, State, Zip: _____________________________

Student: ___________________________ Date of Birth: _____________ Parent(s): ___________________________
Home address: ___________________________ City, State, Zip: ___________________________

Please indicate this student's diagnosed health problem:

- [ ] Asthma
- [ ] Attention deficit disorder
- [ ] Attention deficit hyperactivity disorder
- [ ] Diabetes
- [ ] Epilepsy
- [ ] A heart condition
- [ ] Hemophilia
- [ ] Lead Poisoning
- [ ] Leukemia
- [ ] Nephritis
- [ ] Rheumatic fever
- [ ] Sickle cell anemia
- [ ] Other:

ICD-10 Code: ____________________________

I consider this health problem to be: [ ] Chronic [ ] Acute Is this a lifelong medical condition? [ ] Yes [ ] No

Physician’s Comments: ____________________________

Physician’s Signature ___________________________ Date ___________________________

- [ ] An orthopedic surgeon
- [ ] A neurologist
- [ ] A family physician
- [ ] A physician’s assistant
- [ ] An internist
- [ ] A pediatrician
- [ ] A psychiatrist
- [ ] Other: