***SECTION 504 PHYSICIAN QUESTIONNAIRE***

***FOR MEDICAL CONCERNS.***

***PERRY COUNTY SCHOOL DISTRICT.***

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Detail available medical background, including a written diagnostic**

**statement with the ICD9 Medical Diagnosis and Code or the DSM IV**

**Diagnosis and Code and copies of any/all reports.**

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**2. In your opinion, do these difficulties “substantially limit” this**

**student’s ability to access, receive, and benefit from learning or**

**school activities? If yes, how? (Note: Under ADA, a major life activity**

**is “substantially limited” when “the individual’s important life**

**activities are restricted as to the conditions, manner or duration**

**under which they can be performed in comparison to most people”.**

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**3. Recommendations for consideration at an upcoming conference:**

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**Physician’s Signature Date Signed**

**Please attach any reports pertinent to the medical/educational needs of this student.**

**Please forward this copy to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**School Based 504 Chairperson Date**

**cc: Parent**

**Educational Record**

**The Perry County School District does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or the provision of services.**