

**Livingston County Public Schools**  
**PHYSICIAN'S VERIFICATION STATEMENT**

Severe Health Impairment caused by:  
 Chronic health problems     Acute health problems  
 Severe Orthopedic Impairment/Physical Disability caused by:  
 Congenital anomaly     disease  
 injury     accident

**PART I: Student Information** *(To be completed by school personnel)*

Student: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_  
Address: \_\_\_\_\_

**PART II: Description of Impairment** *(To be completed by physician)*

Diagnosis/Nature of Impairment: \_\_\_\_\_  
Prognosis: \_\_\_\_\_ Expected Duration: \_\_\_\_\_  
Affect of the Impairment on the following:  
-Vitality \_\_\_\_\_  
-Strength \_\_\_\_\_  
-Alertness \_\_\_\_\_

Medical/Physical limitations resulting from the impairment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III: Educational Relevance** *(To be completed by the physician)*

Please indicate which area(s) are affected by the impairment:

Instructional tolerance     Stamina     Fine Motor  
 Gross Motor     Locomotion     Physical Education  
 Academic Performance

**PART IV: Verification Statement** *(To be completed by physician)*

I verify that \_\_\_\_\_ has been diagnosed as having a severe health impairment and/or a severe orthopedic impairment/physical disability.

\_\_\_\_\_  
**Physician's Signature** *(must be signed by a licensed physician)*

\_\_\_\_\_  
**Date**