

# Fort Lee Public Schools

## STUDENT MEDICAL REPORT

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STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

### ➤ MEDICAL HISTORY

Diagnosis ICD-10 code: \_\_\_\_\_

Age at Onset: \_\_\_\_\_ Significant History: \_\_\_\_\_

\_\_\_\_\_

Date of Injury/Illness: \_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

Current medication: \_\_\_\_\_

### ➤ SCHOOL ATTENDANCE

School Attendance Accommodations (absences, lateness, etc.):

\_\_\_\_\_

\_\_\_\_\_

List dates the student is medically excused for:

\_\_\_\_\_

\_\_\_\_\_

### ➤ RECOMMENDATIONS FOR SCHOOL

Special instructions for returning to school (early classroom dismissal, assistance with books, assistance in hallways between class, seating assignments, lunch schedule modification, use of the elevator, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Please turn over]

➤ **ORTHOPEDIC IMPAIRMENTS:**

Is the student required to use a mobility aid, orthopedic brace/support, or other type of medical equipment during school hours? Please check. Yes ☐ No ☐

Type of mobility aid: \_\_\_\_\_

Type of orthopedic brace/support or other medical equipment: \_\_\_\_\_

How long will the student need to use the medical equipment? \_\_\_\_\_

Protective footwear: Is the student required to wear protective footwear during school hours? Yes ☐ No ☐

➤ **PHYSICAL EDUCATION & ATHLETIC PROGRAM:**

Is the student medically cleared to participate in the Physical Education / Athletic program? Yes ☐ No ☐

If yes, are there any limitations? Yes ☐ No ☐

List any limitations: \_\_\_\_\_

➤ **MEDICAL CLEARANCE**

Date student is medically cleared to return to school: \_\_\_\_\_

Follow-up Necessary: Yes ☐ No ☐; if yes, date: \_\_\_\_\_

➤ **HEALTH CARE PROVIDER CONTACT INFORMATION**

Physician contact information:

Provider's Original Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_



Physician's Stamp  
(To include address & phone number)