SECTION 504 PHYSICIAN QUESTIONNAIRE

Name of Student: _____ DOB: _____

Address: _____

School: _____ Grade: _____ Phone: _____

A referral has been initiated for the above named student under Section 504 of the Rehabilitation Act of 1973. In order for a student to qualify for special accommodations under Section 504, s/he must have a physical or mental impairment that substantially limits a major life activity (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working, etc.). Because the referral is related to medical concerns, we are requesting information from you. The parent/guardian signed the attached Section 504 Release of Information and Records.

Please complete this form and attach any reports pertinent to the medical or educational needs of this child. We are NOT requesting evaluation, testing, or services be performed, but reports of diagnostic work performed in the past.

1. What physical or mental impairments have been identified that may qualify this student under Section 504?

2. What major life activity may be substantially limited as a result of the impairment?

3. Detail available medical background, including a written diagnostic statement and copies of any/all reports.

4. What treatments or medications are recommended for this impairment?

5. What precautions or accommodations are recommended for consideration by the school?

_____ _____
Physician's Signature Date

Please return this questionnaire to: _____(Principal/Designee)
_____(School)
_____(Address – line 1)
_____(Address – line 2)

Copies to: [ ] Parent/Guardian [ ] Cumulative Folder

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