



ANCHORAGE SCHOOL DISTRICT
Health Services Department/Special Education Department

Physician Statement of Other Health Impairment

Dear Physician:

Date: _____

_____, BD _____, is being evaluated by the Anchorage School district to determine student eligibility for Special Education Services as possibly Other Health Impaired. To be eligible as OHI, the student must exhibit limited strength, vitality or alertness due to a chronic or acute health problem or a heightened alertness to environmental stimuli due to:

A chronic or acute health problem

or

a heightened alertness to environmental stimuli due to Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) that adversely affects educational performance.

Please indicate if this student has a medical condition which the school team should consider in the evaluation, using the form below. Thank you.

I authorize the exchange of medical information between my child's physician and the school nurse.

School Nurse

Parent Signature

School phone number

PHYSICIAN STATEMENT

Statement of specific MEDICAL diagnosis _____

Describe the degree to which this condition impairs the student's strength, vitality and alertness

Is the student taking any medication for this condition? No ___ Yes ___ If yes, please specify.

Is a special nursing procedure required during school hours? No ___ Yes ___ If yes, please explain.

*Physician Name (please print) _____

Physician signature _____ Date _____

Phone _____ Fax _____

Address _____

Please return to: School Nurse _____

School name _____ Fax _____

Address _____

*If signature of physician's assistant, nurse practitioner or mental health provider, please complete the following:

Date of diagnosis by physician (as defined in 12 AAC 40.990(s)(12)) _____

Name and contact of physician who made diagnosis _____