

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Health Education Services, 600 SE 3 Avenue, 7th Floor, Ft. Lauderdale, FL. 33301
Phone: 754-321-2272 FAX: 754-321-2743

PHYSICIAN'S REPORT

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____
School: _____ **Phone #:** _____ **Fax#:** _____

Diagnosis: _____

Date last seen by Physician: _____ Is student currently in your care? YES NO
Recent 911 / Hospitalization History (Within 1 year): _____

Can this student safely attend school ? YES NO **IF "NO",** explain why _____

Is child: Oxygen Dependent ? YES NO Ventilator Dependent ? YES NO

Are there therapies, i.e., Physical/Speech/OT that the student will require in school? YES NO, **IF "YES",** specify _____

Does the student need one-on-one care to meet his/her medical needs? YES NO, **IF "YES",** is this service currently being provided by a third party provider? YES NO **Type** _____

TRANSPORTATION CONSIDERATIONS

1. a. Can the student safely ride a bus? YES NO, **IF "NO",** explain why _____

b. Is there a limited amount of time the student can safely ride the bus? YES NO, **IF "YES",** explain and specify time limit (Note: riding time for students may be up to 1 hour) _____

2. Does the student require any medical services performed while riding the bus e.g. Oxygen, Suctioning, Seizure Precautions ? YES NO, **IF "YES",** explain _____

3. Does the student require any adaptive equipment while riding the bus e.g. wheelchair lift bus, air condition? YES NO, **IF "YES",** explain _____

4. In the event of an emergency, 911 would be dispatched. Would the student's life be in danger if the bus broke down? YES NO, **IF "YES",** explain _____

Physician's Name (Printed)

Physician's Signature

Physician's Office Address

Physician's Telephone & Fax Numbers

Physician's Office Address

Date Completed