

CENTENNIAL SCHOOLS
INDEPENDENT SCHOOL DISTRICT NO. 12
4707 NORTH ROAD
CIRCLE PINES, MINNESOTA 55014
(763) 792-6000 (763) 792-6050

MEDICAL REPORT

Student's name _____

School _____ Grade _____

This student is being considered for special educational services due to a physical or other health impairment. Identification of a medical condition is a prerequisite to eligibility in this area. Please complete this report as it relates to the student's medical condition at this time.

DIAGNOSIS:

MEDICAL TREATMENT (OR RECOMMENDATIONS) GIVEN:

Examining Physician _____ Date _____

Physician: Please return this form to:
