



**Shelby County Schools**  
The Department of Exceptional Children  
2930 Airways Blvd  
Memphis, TN 38116  
(901) 416-5600 • Fax (901) 416-7634

**Medical Information/Certification Form**  
**Health Impairment, Physical (Orthopedic Impairment), Traumatic Brain Injury**  
**Autism, Emotional Disturbance**

**Physician: Medical information is needed to assist in determining the need for services for this student. The information will be confidential and used only by persons directly involved with the students.**

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Parent(s) \_\_\_\_\_ Address \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

General Health History and Current Functioning

\_\_\_\_\_

Diagnosis/Etiology \_\_\_\_\_

Prognosis \_\_\_\_\_

Medications \_\_\_\_\_

How does this medical or health condition impact school behavior and learning?

\_\_\_\_\_

Recommendations \_\_\_\_\_

Special healthcare procedures, special diet, and/or activity restrictions

\_\_\_\_\_

Does the student have any other medical condition or disorder that could be causing the educational and/or behavioral difficulties? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Physician's Name Printed \_\_\_\_\_

Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_