

# WARREN COUNTY SCHOOLS

## Medical Report

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

1. Date of last medical evaluation \_\_\_\_\_  
(MUST be within one year to be current)

*Comments:*

2. Medical Diagnosis and Code:

*Comments:*

3. Is the medical condition a chronic illness or disorder?

*Date first diagnosed:* \_\_\_\_\_

*Prognosis:*

4. Can the child's medical condition impact any of the following areas to such an extent that educational performance could be significantly or adversely affected? *Please check all that apply.*)

strength

alertness

impulse control

vitality

attention

physical activity level

Describe any potential impact the above could have on educational performance.

5. Does the child have limitations to physical activity because of the medical condition?

6. If the child is on medication, can the medication cause any difficulties in school that would adversely affect educational performance?

7. Can the child's medical condition and/or the medication affect cognitive growth and development?

8. Other Comments:

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Physician's Signature

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Date

***Please return to:***

**WARREN COUNTY SCHOOLS**  
Exceptional Children Department  
109 Cousin Lucy's Lane  
Warrenton, NC 27589

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(252) 257-5357 Fax