

# Woodridge Local School District

## SECTION 504 PHYSICIAN QUESTIONNAIRE

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

A referral has been initiated for the above named student under Section 504 of the Rehabilitation Act of 1973, as amended. In order for a student to qualify for protection under Section 504, s/he must have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions such as the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions, etc.). Because the referral is related to medical concerns, we are requesting information from you. The parent/guardian signed the attached Section 504 Release of Information and Records.

Please complete this form and attach any reports pertinent to the medical and/or educational needs of this child. We are NOT requesting evaluation, testing, or services be performed, but reports of diagnostic work performed in the past.

1. What physical and/or mental impairments have been identified that may qualify this student under Section 504?
  
2. What major life activity(ies) may be substantially limited as a result of the impairment?
  
3. Detail available medical background, including a written diagnostic statement and copies of any/all reports.
  
4. What treatments or medications are recommended for this impairment?
  
5. What precautions or accommodations are recommended for consideration by the school?

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

\_\_\_\_\_  
Date

Please return this questionnaire to:

\_\_\_\_\_ (Principal/Designee)  
\_\_\_\_\_ (School)  
\_\_\_\_\_ (Address – line 1)  
\_\_\_\_\_ (Address – line 2)

Copies to:         Parent/Guardian         Cumulative Folder

1/16/07  
10/19/10