

**St. Lucie Public Schools, Florida**  
**Exceptional Student Education Department**  
 9461 Brandywine Lane, Port St. Lucie, FL 34986  
 (772) 429-4570

## Physician's Referral for the Other Health Impaired Program

Student Name:	Date of Birth:	Student Identification Number:

<b>Diagnosis/presenting condition:</b>

<p>The above student has been examined by me on ____/____/____, and may benefit from a program for the Other Health Impaired due to having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems. This includes, but is not limited to, asthma, attention deficit disorder or attention deficit hyperactivity disorder, Tourette's syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury.</p>
<b>Describe how the patient's diagnosis/presenting condition impacts instruction in school:</b>
Physician's Comments (optional):

<b>Physician's Signature</b>	
<b>Physician's Name Printed</b>	
<b>Date Form Completed</b>	