COBB COUNTY SCHOOL DISTRICT
Empowering Dreams for the Future

Form JGC-8

MEDICAL EVALUATION REPORT

This form is intended to provide to the Cobb County School District some of the medical information necessary to determine:

- a child's eligibility as a child with a disability for special education services or Section 504 accommodations
- a child's medically necessary nutritional needs/accommodations; and/or,
- any services to be provided or made available by school nursing staff. (For some students, more detailed doctors' orders may be necessary)

Name: _____ DOB: _____ School: _____

Date Last Seen: _____

Diagnosis: _____

Prognosis/Anticipated Duration: _____

Anticipated Impact of Diagnosis on Student's Educational Performance: _____

_____

_____

Allergies: 1. _____ ☐ Inhalation ☐ Ingestion ☐ Touch/exposure

2. _____ ☐ Inhalation ☐ Ingestion ☐ Touch/exposure

Special Diet/Food Restrictions: _____

_____

Food Substitutions: _____

Medications: _____

Name Dosage Frequency

_____

Name Dosage Frequency

Special Health Care Procedures: _____

Activity Restrictions: _____

Additional comments, suggestions or medically relevant information: _____

_____

_____

Doctor's Name and Address (please print): _____

This student is a patient who is under my care, and I certify that the above information is true and correct.

_____

Physician's Signature & Georgia Board Certification Number Date Office Phone Number