



# School District of Indian River County

6500 57<sup>th</sup> Street • Vero Beach, Florida, 32967 • Telephone: 772-564-3000 • Fax: 772-564-3054

## PHYSICIAN'S WRITTEN DIAGNOSIS

SCHOOL YEAR 20\_\_ TO 20\_\_

### TO BE COMPLETED BY HEALTHCARE PROVIDER

*The named student below is under my medical supervision for the diagnosis described below.*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Medical Diagnosis/ICD Code: \_\_\_\_\_

Allergies \_\_\_\_\_

Any Limitations on Physical Activities? Yes \_\_\_ No \_\_\_

Modified P.E. class/recess

Explain Modifications: \_\_\_\_\_

*\*This form is for Health Conditions that do not require any medications to be taken at school. Please do not list any Medications on this form.*

\_\_\_\_\_  
Healthcare Provider Name

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Office phone number

\_\_\_\_\_  
Date

**Place office stamp here**