

Medical Verification Other Health Impairment

We are evaluating the above student for eligibility as a student with a disability as defined by the Michigan Administrative Rules for Special Education which requires the involvement of a physician in the evaluation process.

We are requesting your participation to determine if this student meets criteria as a student with an Other Health Impairment. This definition is defined by the state of Michigan as:

R340.1709a "Other health impairment" defined; determination. Rule 9a. (1) 'Other health impairment' means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment, and to which both of the following provisions apply: - (a) is due to chronic or acute health problems such as any of the following: (i)Asthma, (ii)Attention deficit disorder (iii)Attention deficit hyperactivity disorder, (iv)Diabetes, (v)Epilepsy, (vi)a heart condition, (vii)Hemophilia, (viii)Lead poisoning, (ix)Leukemia, (x)Nephritis, (xi)Rheumatic fever, (xii)Sickle cell anemia. (b) The impairment adversely affects a student's educational performance. (2)A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons: (a) An **Orthopedic Surgeon** (b) an **Internist** (c) A **Neurologist**. (d) A **Pediatrician**. (e) A **Family Physician** or any other approved physician as define in 1978 PA 368, MCL 333.1101 et seq.

A medical diagnosis is a required component of multiple criteria that must be met to determine eligibility. In addition to the medical diagnosis, the multidisciplinary evaluation team will determine if the health problem has a significant impact on the student's educational performance. Your prompt attention to this request appreciated to enable the evaluation to be completed within state timelines. If you have questions, please contact me.

STAFF: _____ SCHOOL: _____

POSITION: _____

STUDENT/PATIENT: _____

Medical Diagnosis/ Other Health Impairment: _____

This is considered a lifelong or permanent impairment	YES	NO	
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Restrictions, if any: _____

Physical Adaptations, if any: _____

Other Comments: _____

Physician's Signature: _____ Date: _____

Print Name: _____

RETURN TO: _____ Phone/Fax: _____ Date Needed: _____