



Medical Verification of Other Health Impairment (OHI)

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

"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.

By supplying the diagnostic information requested, your medical perspective will be included in the Multidisciplinary Evaluation Team Report. This report will be utilized to confirm medical diagnosis, which is one required piece of an educational eligibility for special education services determination per the individuals with Disabilities in Education Act (IDEA) 2004. Please note IDEA requires documentation of educational eligibility be drawn from a variety of sources (i.e. achievement tests, teacher recommendations, documented observations, adaptive behavior assessments etc.).

Date of request: _____

Student: _____

Birth Date: _____

District/School: _____

Home Address: _____

Parents: _____

Please return to: Name & School: _____

School Address: _____

FAX #: _____

The remainder of this form is to be completed by the physician. All responses are confidential and will be used as part of an evaluation for educational services.

Physician: _____ Practice Name: _____

Address: _____ Phone: _____

Please indicate this student's diagnosed health problem:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Lead poisoning
<input type="checkbox"/>	Attention deficit disorder	<input type="checkbox"/>	Leukemia
<input type="checkbox"/>	Attention deficit hyperactivity disorder	<input type="checkbox"/>	Nephritis
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Rheumatic fever
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Sickle cell anemia
<input type="checkbox"/>	A heart condition	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	

Do you consider this health problem to be: chronic acute

The prognosis for this student's condition is: improving, stable, deteriorating, permanent condition

the nature and extent of the possible change for this student's impairment is: _____

Physician's Comments: _____

Physician's Signature: _____ Date: _____

- Position: An orthopedic surgeon A family physician
 An internist A psychiatrist
 A neurologist Other: _____
 A pediatrician

Attach to MET Form with copies distributed to: Parent Sp. Ed. File CA-60 Caseload Provider