



North East School Division

Box 6000, 402 Main St.
Melfort, SK S0E 1A0

Phone: (306) 752-5741
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Physician's Report Re: Student Medical Restrictions

The North East School Division is committed to working with our students and their families to design accommodations that will allow for a safe return to school. We would appreciate your assistance in this regard.

We are seeking a medical opinion so that we can confidently plan a student's return to the school environment without posing a risk to his personal safety or the safety of others. Your feedback will assist us in determining if accommodations might be necessary to address any medical restrictions that may affect the student's ability to attend school.

Medical restrictions describe the student's limitations in terms of skills and abilities that result from the student's medical condition, and which prevent the student from fully benefiting from educational services. Our efforts to accommodate a student are based on the specific restrictions that have been identified by the student's medical practitioner. Restrictions may be temporary or permanent. It is therefore important that we obtain medical information concerning the expected duration of the restriction(s).

Following recent incident(s) of concern, we are asking that a medical practitioner confirm in writing:

- The nature and extent of the student's restriction(s), and
- The expected duration of each restriction.

School Information

Summary of recent safety concerns: (attachment if needed)

Categories of Restrictions:

Motor or Physical Restrictions

A motor or physical restriction is a broad term that reflects limitations due to impairment in body function or structure. These may include, but are not limited to:

Mobility Impairments:

- Limited ability in standing or sitting,
- Limited ability to bend,
- Limited ability moving around a room, building or school grounds,
- Limited ability to write or keyboard.

Sensory Impairments:

- Difficulty viewing to challenges with vision,
- Difficulty communicating with others due to challenges with hearing,
- Difficulty with speech articulation

Allergies or chemical sensitivities:

- Allergies to foods, elements within the environment
- Sensitivities to cleaning agents, paint, perfume, carpet etc.

Cognitive Restrictions

A cognitive restriction affects the ability to think logically, concentrate, formulate ideas, reason, remain focused and remember. They may include a learning disability or may have been acquired as a result of illness or an accident. Such restrictions may include but are not limited to memory deficits or difficulty with concentration.

Socio-Emotional or Psychosocial Restrictions

Such restrictions reflect a student's inability to respond appropriately to everyday situations. A student may have altered moods and/or behaviours. They may include, but are not restricted to:

- Difficulty adhering to safety procedures or behaviour matrices.
- Difficulty dealing with stress, emotions, or change,
- Difficulty with organization, staying on task or managing time.

We appreciate your assistance in providing as much relevant information as possible so that the school division and school-based team can determine the appropriate accommodations in response to the needs of the student.

Kind regards,



Eric Hufnagel, Superintendent of Learning
North East School Division



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Physician's Report Student Medical Restrictions

Student Name: _____

Parent Authorization:

I consent to the release of the following information to the North East School Division. The following information is required to allow the North East School Division to assist *your student* in returning to school.

Parent Signature _____ **Date:** _____

1. Date of most recent appointment : _____
2. Date of next clinical review: _____
3. Has *your student* been referred to other specialist(s) who would have relevant information concerning the issues discussed in this report?
No _____ Yes _____ to Dr. _____
3. In your opinion, explain whether your student can attend school full-time.
4. Please identify the specific medical restrictions or limitations that may affect *your student* at school:

Description of Restriction	Expected Duration of Restriction

5. Is *the student* taking any medication that must be administered during the school day?
Yes _____ No _____

If "yes", please provide detail in the chart below:

Name of Medication	Dosage	Time(s)

Please indicate any specific cautions for handling or administering the above-noted medication(s):

6. In your opinion, can we expect *your student* to be able to return to school without experiencing violent or traumatic incidents in the future?

Yes ____ No ____
If yes, when? _____

7. Are there any specific stressors that might aggravate *your students'* medical condition?
Please elaborate.

8. Are there signs staff might watch for to help avert or reduce incidents that might lead to violent or traumatic reaction on the part of *the student*?

9. In the event of violence, are there any precautions or actions that can be taken by staff to ensure the safety and well-being of *your student* as well as other students and staff?

10. Please provide any additional information that you feel would be pertinent and beneficial to facilitate *the students'* attendance at school and that will ensure a safe environment for *your student*, the staff at school and other students.

Physician's Printed Name: _____

Physician's Signature:

Date: _____