

**Spencer County School District**  
**PHYSICIAN QUESTIONNAIRE REGARDING 504 ELIGIBILITY**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Detail available relevant medical background, including a written diagnostic statement with the current ICD Medical Diagnosis and Code or current DSM Diagnosis and Code and copies of any/all relevant reports.
  
  
  
  
  
  
  
  
  
  
2. In your opinion, do these difficulties “substantially limit” this student’s ability to access and benefit from learning or school activities? If yes, how?
  
  
  
  
  
  
  
  
  
  
3. Does the student need a health service accommodation to prevent a life threatening or serious health reaction/situation in the school environment? If so, list what precautions are recommended for consideration at an upcoming 504 meeting.

Please attach any reports pertinent to the serious health needs of this child in the school setting.

By: \_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

Please forward this completed form to:

Spencer County District 504 Coordinator  
207 West Main Street  
Taylorsville, KY 40071

or by fax to: 502-477-6786