



# 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.).

Student: \_\_\_\_\_ Date of request: \_\_\_\_\_  
District/School: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

<b>PLEASE RETURN TO:</b>	Name: _____
	School: _____
	School Address: _____
	Fax #: _____

*The remainder of this form is to be completed and signed 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"/> Epilepsy          | <input type="checkbox"/> Leukemia           |
| <input type="checkbox"/> Attention deficit disorder               | <input type="checkbox"/> A heart condition | <input type="checkbox"/> Nephritis          |
| <input type="checkbox"/> Attention deficit hyperactivity disorder | <input type="checkbox"/> Hemophilia        | <input type="checkbox"/> Rheumatic fever    |
| <input type="checkbox"/> Diabetes                                 | <input type="checkbox"/> Lead poisoning    | <input type="checkbox"/> Sickle cell anemia |
|   |  | <input type="checkbox"/> Other: _____       |

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:  Orthopedic surgeon  Neurologist  Family Physician  Other: \_\_\_\_\_  
 Internist  Pediatrician  Psychiatrist

Attach to MET Form with copies distributed to:  Parent  Special Education File  CA-60  Caseload Provider