

School Physician Communication Form

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Working with our Ministry of Education colleagues, we have significantly updated our school physician communication form.

The following documents may be helpful for pediatricians and family physicians on assessing students with learning difficulties.

[The School Physician Communication Form: What Educators and Physicians Need to Know](#)

[The School Physician Communication Form](#)



The image shows a tilted view of the 'School Physician Communication Form'. The form is titled 'School Physician Communication Form' and includes the following sections:

- Header:** 'To complete this form, please contact your local school board for the school name and address.' Below this, it states 'To be completed by SCHOOLS'.
- Form Fields:** There are several lines for 'School Name', 'School Address', 'City/Town/Village', 'Province', and 'Postal Code'. Below these is a table with columns for 'Date of Birth', 'Sex', 'Grade', 'Subject', and 'Comments'. There are also fields for 'Date of Referral', 'Date of Referral Received', and 'Date of Referral Received by School Board'.
- Form Instructions:** A large section of text providing detailed instructions for completion, including a note that the form is to be completed by schools and that the physician's role is to provide a medical history and physical examination to the school board.
- Form Footer:** Fields for 'Physician Name', 'Physician Address', 'Physician Phone', 'Physician Fax', and 'Physician Email'.