Clear Form

School Year 20 _____ - 20 _____

New ☐ Renewal ☐

Administrative Transfer
Medical Recommendation for Student Transfer

(Attach to original of Student Transfer form, FM-3281)

STUDENT'S NAME *(Last)* *(First)* *(Middle)*	GRADE	BIRTHDATE
ADDRESS *(No.)* *(Street)* *(City)* *(Zip)*		**TELEPHONE NO.**

- This is to certify that I have examined the above-named student on *(date)* _____.

  Medical Diagnosis: *(Please be specific and indicate severity.)*
  (if asthma, give specific type and list allergies)
  (if psychological, include DSM IV diagnosis with axis designation and frequency of therapy)

  _____

  _____

  _____

- This student is ☐ is not ☐ at present under continued medical treatment.

- List all medications student is taking including dosage and sig code. _____

  _____

  In the opinion of the physician/licensed mental health professional, if the prescribed medication is considered restricted information, so state.

  _____

- Last hospitalization for illness: _____. Last emergency room visit for illness: _____.

- **RECOMMENDATION:** *(Include medical reason and results expected from changing the student's school, as well as any information/details that can support the request.)*

  _____

  _____

  _____

  _____

  (Attach additional sheets if necessary.)

- Approximately how many times within the last 6 months did parent/guardian have to go to school for the child due to his/her medical condition. _____

  _____

  _____

STUDENT MEDICAL TRANSFERS WILL NOT BE PROCESSED DURING FTE WEEKS OR STATE-MANDATED ASSESSMENTS.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty of a misdemeanor of the second degree, punishable as provided in FS. 775.082, FS. 775.083, or FS. 775.084. (Florida Statue 837.06)

_____ _____ _____

(Typed Name and Signature of Physician or Licensed Mental Health Professional) *(Date)*

Address _____

(No.) *(Street)* *(City)* *(Zip)*

This form must be returned to:

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_____

Telephone (____) _____

License Number _____

FM-1713 Rev. (01-23)