



School Year 20 ____ - 20 ____ New <input type="checkbox"/> Renewal <input type="checkbox"/>
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**Administrative Transfer**  
**Medical Recommendation For Student Transfer**  
*(Attach to original of Student Transfer form, FM-3281)*

<b>STUDENT'S NAME</b>	(Last)	(First)	(Middle)	<b>GRADE</b>	<b>BIRTHDATE</b>
<b>ADDRESS</b>	(No.)	(Street)	(City)	(Zip)	<b>TELEPHONE NO.</b>

- 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)

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- This student is  is not  at present under continued medical treatment.
- List all medications student is taking including dosage and sig code. \_\_\_\_\_

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In the opinion of the physician, if the prescribed medication is considered restricted information, so state.

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- 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.)*

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*(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. \_\_\_\_\_

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**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 Statute 837.06)
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<i>(Typed Name of Physician)</i>	<i>(Signature of Physician)</i>	<i>(Date)</i>

Address \_\_\_\_\_  
 (No.)                                      (Street)                                      (City)                                      (Zip)

• This form must be returned to: _____
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Telephone (    ) \_\_\_\_\_  
 License Number \_\_\_\_\_