



Medical Equipment Use Form

To be completed by medical provider:

Name of student _____ Birthdate _____

Diagnosis _____

Name of medical device _____

Limitations (including weight bearing instructions) _____

Duration student will need device (beginning and ending dates) _____

Accommodations required (ice, assistance with books, use of building elevator, etc.)

Gym excuse or recess excuse (beginning and ending dates) _____

Is the student able to ambulate stairs? _____

Medical provider's signature _____

Medical provider's phone number _____

Date _____