

# Gaston County Schools Medical Affidavit

To: The Gaston County Board of Education  
943 Osceola Street – P.O. Box 1397  
Gastonia, North Carolina 28053

Name of Student: \_\_\_\_\_

The undersigned, being duly sworn, deposes and states:

- 1. Description of illness, handicap or disability of student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Statement setting forth in detail how the reassignment will benefit the student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Beginning date of treatment for the illness, handicap or disability of student: \_\_\_\_\_
- 4. Termination date (if applicable) of treatment for illness, handicap or disability of student: \_\_\_\_\_
- 5. Prognosis: \_\_\_\_\_  
\_\_\_\_\_

Medical Audit \_\_\_\_\_  
Signature of \_\_\_ Physician \_\_\_\_\_ Date  
                                  \_\_\_ Psychologist  
                                  \_\_\_ Psychiatrist

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Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

