

# 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: \_\_\_\_\_

