

School Board of Polk County

P.O. BOX 391 BARTOW, FL 33831

*FAX (863) 534-7319

MEDICAL INTERROGATORY

The School Board of Polk County, Florida propounds the following interrogatories numbered 1 through 10 for the above named student's physician, to be answered in writing under oath, in accordance with the definitions set forth below.

DEFINITIONS AND INSTRUCTIONS

In answering these interrogatories, please furnish all information available to you. If you are unable to answer the interrogatories in full, after exercising due diligence to secure the information, so state and answer to the extent possible, specifying your inability to answer the remainder, and stating whatever information or knowledge you possess concerning the unanswered portions.

A separate answer shall be furnished for each interrogatory, although where the context permits an interrogatory may be answered by reference to the answer furnished to another interrogatory.

As used herein, the following terms shall have the meanings indicated below:

1. Patient: The student being treated or advised.
2. Assigned School: The school to which the student has been assigned by School Board action.
3. Transfer: A request to attend a school other than the assigned school.
4. Conditions: Physical or program particulars that would have a medical affect upon your patient.
5. Personal Knowledge: Knowledge gained through personal observation.
6. Privileged Information: In the event any interrogatory hearin call for information which is deemed privileged, in whole or in part, the information should be identified to the fullest extent possible consistent with such claim of privilege, and the physician should state the nature of the privilege claimed and specify the grounds relied upon for the claim of privilege.

By _____

Debbie Cook
Student Assignment Specialist
Phone # (863) 534-0718

INTERROGATORIES

1. Please state your full name and business address.
2. Where are you licensed?
3. Has your license or certification ever been suspended or terminated?
4. Describe your current practice or professional position.
5. Please list student's name and date of birth.
6. Is your opinion of the school involved based solely upon what has been related to you by others?
7. Have you any personal knowledge of the school facility, staff, or program of the assigned school?
8. Based on you personal knowledge from a medical standpoint, what conditions at the assigned school will not fill the needs of your patient or be detrimental to your patient's medical well-being?

9. Based on your personal knowledge from a medical standpoint, what particulars at the school you recommend your patient be transferred are superior for your patient's needs?
10. Describe with particularity the treatment you are giving your patient, if any. What drugs or medicine have you prescribed for your patient, if any?

Physician's Signature

Phone Number

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me on this _____ day of

_____, 200____, by _____

Personally known to me to be the person who executed the foregoing interrogatories and acknowledged before me that the answers are true and correct.

Notary Public
Seal and Expiration Date: