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Wexford-Missaukee
INTERMEDIATE SCHOOL DISTRICT

Special Education Programs
9907 E. 13th Street, Cadillac, Michigan 49601
231-876-2275
Fax: 231-876-2272

PHYSICIAN CERTIFICATION STATEMENT

_____ is a patient of
Student's Name D.O.B.

mine and has the following hearing impairment:

This hearing impairment significantly interferes with learning. Further, in my opinion, this condition is not medically correctable. Therefore I recommend eligibility for special education services.

Physician's Signature

Date

PRINT Physician's Name

Specialty

Thank you.

Please return in the enclosed envelope.