



Physician's Certificate of Student's Illness of Incapacity to Attend School

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student, Student's Date of Birth (mm/dd/yyyy), Name of Parent/Guardian, Student's Current Grade in School, Parent e-mail, Parent/Guardian Phone Number

TO BE COMPLETED BY THE PHYSICIAN

Diagnosis/description of the illness/condition that has precluded or currently precludes the student's attendance at school

Duration of the illness/condition: [] Permanent, [] Temporary

Date (mm/dd/yyyy) student first seen by physician for this illness/condition.

Based on physician's diagnosis and professional judgment, the school should expect the student's attendance to be (please check one):

[] Regular Daily Attendance (student can attend school on a regular basis), [] Irregular Daily Attendance (student cannot attend school on a regular basis and will have multiple absences without requiring doctor visits), [] Homebound Instruction (student cannot attend school at all)

Physician's Signature, Date (mm/dd/yyyy), Physician's Printed Name, Phone Number, Practice Address, City, State, Zip

PLEASE RETURN TO

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