

EXCLUSIONS AND EXEMPTIONS
FROM SCHOOL ATTENDANCE

MEDICAL CERTIFICATION OF STUDENTS WITH
CHRONIC HEALTH CONDITIONS
(Obtained from a licensed physician or podiatrist)

Student's name	Parent's name	Address
District	School	Grade level
Date of birth	Phone number	Date of initial consultation

Medical diagnosis:

Medical prognosis:

Physical limitations affecting physical education activities:

Anticipated absences due solely to illness, disease, pregnancy complications, an accident or severe health problems of an infant child of a student (include anticipated surgeries, treatments, or hospitalizations that may interfere with school attendance during the _____ year):

Example 1: _____'s physical condition may result in frequent absences in the school year that may exceed ten (10) consecutive school days per semester, but I do not anticipate that _____ will be absent enough days to require homebound services.

Example 2: _____ will require three (3) hospitalizations of approximately four (4) days' duration each and three to five (3 - 5) treatments of one (1) day each during the school year.

Other relevant information:

Date

Type or print physician's name and licensed title

Physician's signature and title