

POLICY #2

MEDICAL CERTIFICATION

Required for all students being considered as eligible for Homebound Instruction

Dear Physician:

Please return this form to the Superintendent of the School District the student attends promptly, as service cannot be started until medical information is received.

RE: \_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School Name District Name and Number

\_\_\_\_\_  
County City

\_\_\_\_\_  
Student's Address Sex Age Grade

Please state diagnosis.

List reasons why student cannot attend school (ex. hospital bound, in body cast, etc.).

Please indicate the estimated length of time student will need special instruction (no less than 2 weeks) and will be not able to attend school.

Please indicate the instructional program student can tolerate; (1 hour of instruction per day, 2 hours of instruction per day, or student will not be able to have homebound tutoring until his condition has improved)

I certify that \_\_\_\_\_ is eligible for Homebound Instruction.  
Student's Name

\_\_\_\_\_  
Typed or Printed Name of Doctor Date Signature of Doctor

(This form will be kept on file at the Local Resident School District)

Approved 01/22/81