

**Alachua County Public Schools
Homebound or Hospitalized
Medical Certificate**

Student: _____ Student #: _____

Birth Date: _____ School: _____ Examination Date: _____

1. Please state the student's medical diagnosis and describe the physical or mental illness or injury.

2. What medical implications, if any, exist for instruction?

3. Please estimate the length of time the student will be confined to home or hospital.

4. Is the student chronically ill or expected to have repeated intermittent illness due to a persisting medical problem? () Yes () No If yes, can the student be alternately assigned to Homebound or Hospitalized Program and to a school-based program due to a severe, chronic, or intermittent condition? () Yes () No

5. Describe the treatment plan and considerations for return to school.

6. In addition, I certify that the student is confined to home or hospital and:

- A. is under medical care for an illness or injury which is acute or catastrophic in nature;
- B. can receive an instructional program without endangering the health of the instructor or other students with whom the instructor may come in contact; and
- C. will be able to participate in it and benefit from an instructional program.

Recommendations for school re-entry:

Physician's Name and title (please print)

Address

Physician's Signature

Phone

Date