

MEDICAL CERTIFICATION FOR HOME/HOSPITAL INSTRUCTION
 Required for all children before admittance

INSTRUCTIONS: Complete one form and retain on file in local school district.

Doctor: Please return to local school district promptly as service cannot be started until medical information is received.

SCHOOL NAME		DISTRICT NAME AND NUMBER Mahomet-Seymour CUSD #3	
COUNTY Champaign		CITY Mahomet	
PUPIL NAME	SEX ___ Male ___ Female	AGE	GRADE
ADDRESS			

MEDICALLY ELIGIBLE AND ABLE TO BE ENROLLED IN THE FOLLOWING PROGRAM (Check one)

- A. Hospital Class
- B. Home Instruction

Attention Medical Examiner: The Medical Certification Report must estimate that the pupil will be absent from school due to the medical condition either (1) a minimum of two consecutive weeks or (2) at least 2 days at a time multiple times during the school year totaling at least 10 days. The terms "indefinite" or "undetermined" are not acceptable for anticipating approximate length of time.

ANTICIPATED LENGTH OF ABSENCE DUE
 TO MEDICAL CONDITION THIS SCHOOL
 YEAR: _____ **WEEKS**

LENGTH OF INSTRUCTION: If pupil should not receive 5 hours of instruction in a school week, indicate the amount of instruction the pupil may receive: _____ hours (not to exceed 5 hours) per week.

DIAGNOSIS (please check)			SPECIAL RECOMMENDATIONS to teacher concerning diet, rest, exercise, position, etc.
CLASSIFICATION	CONGENITAL	ACQUIRED	
1. Neurological	___	___	
2. Neuro-muscular	___	___	
3. Bone and joint	___	___	
4. Medical	___	___	

DEFINITE DIAGNOSIS: _____

IMPACT OF MEDICAL CONDITION ON PUPIL'S ABILITY TO PARTICIPATE IN EDUCATION: _____

Typed or Printed Name of Doctor *Date* *Signature of Doctor*

Physical Phone Number *Clinic Affiliation*