Danville School District #118
Medical Certification Report

Home and Hospital Services are available for students who, due to a temporary physical or health impairment, must remain out of school for more than two weeks (ten school days).
This form must be completed and submitted to the Special Education Office before services can be initiated.

School	School District Danville District #118
Address 516 N. Jackson	District Contact Person Director of Special Education
City/State/Zip Danville, IL 61832	Phone 217-444-1084

Request for Home/Hospital Services: (To be completed by parent or guardian)

I am requesting Home/Hospital Services for _____

_____

Sex Date of Birth Grade School

_____

Home Phone Home Address City

Date: Parent or Guardian Signature:
(Signature also authorizes exchange of information with medical provider/agency)

Medical Certification – Home/Hospital Services (to be completed by physician)

This is to certify that _____ is medically eligible and physically able to be enrolled in home instruction.

Diagnosis:

Prognosis/Treatment Plan:

_____

Estimated length of time this student will need these services:_____
(Attention Medical Examiner: The Medical Certification Report must estimate that the pupil will need the special service for a minimum of two weeks and less than 4-6 weeks. The terms indefinite or undetermined are not acceptable for estimating approximate length of time.

_____

Typed or printed name of physician Address

_____

Phone City/State/Zip

_____

Date Signature of physician