

EXHIBIT *EXCLUSIONS AND EXEMPTIONS FROM SCHOOL ATTENDANCE*
CERTIFICATION OF STUDENTS WITH CHRONIC HEALTH CONDITIONS
(Obtained from a certified health professional or nurse practitioner)

Student's Name	Parent's Name	Address
District	School	Grade Level
Date of birth	Phone Number	Date of initial consultation

Certified health professional or nurse practitioner diagnosis:

Certified health professional or nurse practitioner 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:

Type or print Certified health professional or nurse practitioner name and licensed title

Certified health professional or nurse practitioner signature and title

Date
