

## Physician's<sup>1</sup> Certificate of Student's Illness or Incapacity to Attend School

### To be completed by the parent:

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### To be completed and signed by the physician:

Diagnosis or description of the illness or condition that precluded or currently precludes the student's attendance at school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date student first seen by physician for this illness or condition: \_\_\_\_\_

Date student may be expected to return to school: \_\_\_\_\_

If unknown, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date student is to return to be seen by physician: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Please return this form to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have questions, please call:**

\_\_\_\_\_  
**Tel:** \_\_\_\_\_

<sup>1</sup> This certificate may be completed by an Indiana physician, an individual holding a license to practice osteopathy or chiropractic in Indiana, or a Christian Science practitioner who resides in Indiana and is listed in the Christian Science Journal. IC 20-33-2-18