

Northwest Christian School

MEDICAL CERTIFICATION OF A CHRONIC HEALTH CONDITION (obtained from a licensed physician)

Name of Student _____

Birthdate _____ School Year _____ Grade _____

Parent/Guardian _____

Address _____ Phone _____

Chronic Health Condition: a recurring health condition that may result in frequent absences due solely to illness or physical limitation during the school year (greater than five absences per semester).

PHYSICIAN COMPLETES THIS SECTION:

PHYSICIAN'S STATEMENT: (Include medical diagnosis, prognosis, anticipated surgeries, treatments or hospitalization and/or physical limitations affecting physical education activities that may interfere with school attendance).

I hereby certify this student as having a chronic health condition that may result in frequent absences during the school year, exceeding five per semester for above stated condition.

PHYSICIAN NAME _____

PHYSICIAN SIGNATURE _____

ADDRESS _____

PHONE _____

DATE _____