CAMDEN CITY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT
201 N. Front Street, Camden, NJ 08102
Office: (856) 966-2000, Ext. 38104 ● Fax: (856) 966-2105

MEDICAL FORM FOR HOME INSTRUCTION

PLEASE HAVE PHYSICIAN COMPLETE AND RETURN TO HEALTH SERVICES

Name of Child: _____ School _____ Grade _____

Address _____ Date of birth _____

Telephone _____ Parent/Guardian _____

Physician Certificate

To: Chief Medical Inspector, Camden City Schools:

I recommend that my patient (Name) _____

be given Home Instruction for the following reasons:

1. Symptoms: _____
2. Objective findings on physical exam: _____
3. Diagnostic studies: _____
4. Consultations/Hospitalizations: _____
5. Diagnosis: _____
6. Treatment dates: _____
7. Prognosis: _____
8. Expected date of delivery: _____

***** In my opinion this child may be unable to attend school for a period of at least _____ week(s). (**Please do not omit this estimate).** If the student does not return to school within one week of this estimated date, an extension note from the physician must be presented for approval or home instruction will be discontinued.

An educational program will be provided that is consistent with the normal educational requirements. Please state any limitations that would interfere with the home instruction educational program. If none, please state none. _____

_____ _____ _____

Parent's Signature Date Physician Signature (Only)

Name of Physician (Print) _____ Physician License _____

Address _____ Date: _____

Phone: _____