Certification of Health Care Provider for Student's Chronic Illness or Serious Health Condition (Certificate of Incapacity)

PLEASE RETURN THIS FORM TO THE PARENT AND EDUCATIONAL INSTITUTION

SECTION I: For Completion by the SCHOOL

INSTRUCTIONS to the SCHOOL: The Indiana Code provides that a school may require a parent and/or student seeking exemption from compulsory education because of a need for absence due to a chronic illness or serious health condition to submit a medical certification issued by the student's health care provider. Please complete Section I before giving this form to the parent. Your response is voluntary. The school must generally maintain records and documents relating to medical certifications, re-certifications, or medical histories of students created for educational purposes as confidential educational records in accordance with Family Educational Rights and Privacy Act (FERPA) 34 CFR Part 99.

Student name: _____

Parent/Guardian name(s):_____School Corporation: _____

Accommodations that can be made: **Those determined to be necessary by the case conference committee.**

_____

SECTION II: For Completion by the STUDENT/PARENTS

INSTRUCTIONS to the PARENTS: Please complete Section II before giving this form to your child's medical provider. The Indiana Code permits a school to require that you submit a timely, complete, and sufficient medical certification to support a request for exemption from compulsory attendance due to child's chronic illness or serious health condition. If requested by your school, your response is required to obtain or retain the benefit of attendance exemption. I.C. 20-33-2-18. Failure to provide a complete and sufficient medical certification may result in a denial of your exemption from attendance policies. I.C. 20-33-2-18. Your educational institution must give you at least 6 calendar days to return this form. I.C. 20-33-2-18.

Your name: _____

First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave from compulsory education. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine exemption from compulsory attendance. Limit your responses to the illness or condition for which the student is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____)_____Fax:(_____)_____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Diagnosis or statement of condition or chronic illness:_____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

_No__Yes. If so, dates of admission:

_____

Date(s) you treated the patient for illness or condition:

_____

Will the patient need to have treatment visits at least twice per year due to the condition?____No_____Yes.

Was medication, other than over-the-counter medication, prescribed?____No_____Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

_____No_____Yes. If so, state the nature of such treatments and expected duration of treatment?

2. Is the medical condition pregnancy?_____No_____Yes. If so, expected delivery date: _____

3. Answer these questions based upon an understanding that they student needs to attend school under compulsory education laws that for any student with a chronic illness or serious health condition modifications can be made to provide accommodations to facilitate school attendance to maximum degree possible.

Will the student's chronic illness or condition cause the student to be unable to attend school more than 20 school days:
_____No_____Yes.

Is the student unable to attend any part of the school day due to the chronic illness or condition:
_____No_____Yes.

Is the student unable to attend any part of the school term due to the chronic illness or condition:
_____No_____Yes.

If yes to any of the above, identify the functions the student is unable to perform and/or how the chronic illness or condition precludes the student from attending full days even if accommodations could be made:

_____

4. Describe other relevant medical facts, if any, related to the chronic illness or condition for which the student seeks leave from compulsory attendance (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

_____

_____

_____

PART B: AMOUNT OF LEAVE NEEDED

5. Will the student be incapacitated for a single continuous period of time due to his/her medical condition or chronic illness, including any time for treatment and recovery? ____ No ____ Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the student need to attend follow-up treatment appointments or attend school on a part-time basis or on a reduced schedule because of the student's medical condition or chronic illness? _____ No _____Yes.

   If so, are the treatments or the reduced number of hours of attendance hours medically necessary? _____ No _____Yes.

   Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

   _____

   Estimate the part-time or reduced school day schedule the student needs, if any:

   _____hour(s) per day;_____days per week from_____through _____

7. Will the condition cause episodic flare-ups periodically preventing the student from full-time or part-time attendance under compulsory attendance? _____ No _____Yes

   Is it medically necessary for the student to be absent from school during the flare-ups? _____ No _____ Yes. If so, explain:

   _____

   _____

   Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

   Frequency:_____times per_____week(s)_____month(s)

   Duration:_____hours or____day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____

_____

_____

_____

Signature of Health Care Provider **Date**