TUCSON UNIFIED
SCHOOL DISTRICT

Policy JHD-E1

Medical Certification of Student with Chronic Health Condition

_____ _____ _____ _____
Student's Name Matric # DOB Grade

_____ _____
Parent/Guardian's Name Phone Numbers

Parent E-Mail address _____

_____
Address City Zip

_____ _____ _____ _____
School Phone Fax Date of Consultation

The following information needs to be completed by a licensed medical doctor, podiatrist, chiropractor, osteopathic physician, naturopathic physician, physician's assistant, or nurse practitioner.

Diagnosis _____
Please check – Diagnosis due to:

☐	Chronic Illness – permanent chronic medical certification
☐	Injury – temporary chronic medical certification (will stay in effect until end of current school year)
☐	Acute illness or medical condition – temporary chronic medical certification (will stay in effect until end of current school year)

Identify limitations affecting school activities: _____

_____

_____

Physical activity limitations: _____

_____

_____

This student may be unable to attend regular classes for intermittent periods of one or more consecutive days because of the illness, disease, accident, or pregnancy. I expect the student's duration of irregular attendance will be _____, if not permanent.
Length of time

_____ _____
Print Healthcare Provider's Name Licensed Title

_____ _____
Healthcare Provider's Signature Date

Cc: Upload to Student Health Record, Student Cum File
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Revised: 10/23/2023