



Roman Catholic
Diocese
of
Tucson

School Health Services

CERTIFICATE OF CHRONIC HEALTH CONDITION

For School Year 20__ - 20__

Student Name: _____ Birth Date: _____

School: _____ Grade: _____ Student #: _____

Number of school days absent this year: _____ as of this date: _____

I authorize the Diocese of Tucson Catholic Schools and my Health Care Provider to exchange information provided in this Certificate of Chronic Health Condition.

Parent Name

Parent Signature

Date

Health Care Provider – Please Review These Instructions Before Completing This Form

The purpose of this form is to enable a health care provider to certify that a Diocese of Tucson Catholic Schools student qualifies as a student with a chronic health condition. Certification is appropriate **only** if the student will be unable to attend school frequently or for substantial periods due to illness, disease, injury (accident), or pregnancy complications. Certification is not appropriate if the health condition is not sufficiently debilitating to prevent the student from attending school. By state law, this certification may be provided only by a licensed medical doctor, osteopathic physician, podiatrist, naturopathic physician, chiropractor, physician's assistant, or registered nurse practitioner.

HEALTH CARE PROVIDER – PLEASE COMPLETE THE FOLLOWING:

Student's diagnosed health condition: _____

Is the student's health condition active currently? ___no / ___yes Comment: _____

Is the student currently able to attend school? ___no / ___yes / ___yes with these accommodations: _____

Is the student currently able to participate in physical activity? ___no / ___yes / ___yes with these accommodations: _____

Do you expect the student to miss more than 9 school days per semester? ___no / ___yes

Comment: _____

If you are able, please indicate when the student's health condition is expected to end: _____

Health Care Provider Name Printed

Licensing Title

Health Care Provider Signature

Date

Phone: _____

Fax: _____

Business Name and Address: _____
