



**CAMDEN BOARD OF EDUCATION**

HEALTH SERVICES DEPARTMENT

201 N. Front Street, 1<sup>st</sup> Floor

Camden, New Jersey 08102

Office: (856) 966-2108

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**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 Public 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 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 may 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/Guardian Signature      Date      Physician Signature (only)

Name of Physician (Print) \_\_\_\_\_ Physician License: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_