

Fort Lee Public Schools

STUDENT MEDICAL ATTENDANCE REPORT

Two or more consecutive absences will require a written letter, signed, and stamped by a physician within five school days upon the student's return to school.

NAME: _____ DATE OF BIRTH: _____ GRADE: _____

DIAGNOSIS ICD-10 code: _____

Age at Onset: _____ Significant History: _____

DATE OF INJURY / ILLNESS: _____

TREATMENT: _____

Medication: _____

RECOMMENDATIONS FOR SCHOOL: _____

SCHOOL ATTENDANCE ACCOMMODATIONS: _____

LIST DATES THE STUDENT HAS BEEN ABSENT AND UNDER THE CARE OF A PHYSICIAN:

ORTHOPEDIC IMPAIRMENTS:

Is the student required to use a mobility aid, orthopedic brace/support, or other type of medical equipment during school hours? Please check. Yes No Type of mobility aid: _____

Type of orthopedic brace/support or other medical equipment: _____

How long will the student need to use the medical equipment? _____

Protective footwear: Is the student required to wear protective footwear during school hours? Yes No

IS THE STUDENT MEDICALLY CLEARED TO PARTICIPATE IN THE PHYSICAL EDUCATION/ATHLETIC PROGRAM?

Please check. Yes No

If yes, are there any limitations? Please check. Yes No

List any limitations:

**If the student is unable to participate in the Physical Education/Athletic Program due to a medical condition or injury, a medical clearance note is required upon the date of return.*

DATE MEDICALLY CLEARED TO RETURN TO SCHOOL: _____.

Physician Signature

Date

Physician Printed Name

PHYSICIAN STAMP (TO INCLUDE ADDRESS & PHONE NUMBER)