

MR. GRANT FLINK ~ DIRECTOR

MS JULIE PASQUA ~ COORDINATOR

Homebound/Hospital Instruction

STEPHENS CENTER 1020 GLEN ROCK AVENUE, WAUKEGAN ILLINOIS 60085 847.360.5356 (PHONE) 847.360.5373 (FAX)

Medical Certification Form

Homebound Tutoring & Transportation Request

Student _____ Sex _____

Parent/Guardian _____ DOB _____

Address _____

Home Phone _____ Work Phone _____

Home School _____ Grade _____ Date _____

~~It is the responsibility of the student or parent/guardian to contact the home school nurse or health center when services are to begin~~

Medical Information

(to be completed by physician only)

Must include diagnosis, recommendations, and expected length of time out of school.

Diagnosis _____

Ambulatory Status:

- Fully Ambulatory
- In Wheelchair

- Uses Crutches
- Wears Cast

Medical Evaluation/Recommendation(s) _____

Student is medically eligible and physically able to be enrolled in:

- Homebound Tutoring
- Hospital Instruction
- Transportation, which requires:
 - Bus aide
 - Door-to-door pick up service
 - Corner pick up service
 - Chair lift bus
 - Regular bus
 - Other _____

Dates eligible for services: from _____ through _____

Physician's Name (please print) _____

Physician's Signature _____

Office Address _____ Phone _____ Fax _____