

**DEFINITION: ARS 15-901.**

B-13. "Homebound" or "hospitalized" means a pupil who is capable of profiting from academic instruction but is unable to attend school due to illness, disease, accident or other health conditions, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for a period of not less than three school months or a pupil who is capable of profiting from academic instruction but is unable to attend school regularly due to chronic or acute health problems, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for intermittent periods of time totaling three school months during a school year. The medical certification shall state the general medical condition, such as illness, disease or chronic health condition that is the reason that the pupil is unable to attend school. Homebound or hospitalized includes a student who is unable to attend school for a period of less than three months due to a pregnancy if a competent medical doctor, after an examination, certifies that the student is unable to attend regular classes due to risk to the pregnancy or to the student's health.



**Medical Certification for Homebound Instruction due to Medical Reasons**

Student Name \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_  
School \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**BOTH Parent/Guardian and Licensed Physician must initial each of the following items:**

Parent      Physician

\_\_\_\_\_      \_\_\_\_\_  
1. The purpose of medical certification for homebound services is to provide a means for a student who who is capable of profiting from academic instruction but is unable to attend school due to illness, disease, accident or other health conditions to receive course credit by doing assigned work.

\_\_\_\_\_      \_\_\_\_\_  
2. Since there is no real substitute for the dynamics of classroom instruction, we ask the licensed physician to recommend this option only when it is absolutely necessary.

\_\_\_\_\_      \_\_\_\_\_  
3. The head nurse will make contact with the licensed health professional in order to confirm information. Therefore, parents are asked to authorize a release of medical information so that the physician and head nurse may share information related to the diagnosis

\_\_\_\_\_      \_\_\_\_\_  
4. Having a Homebound Medical Certification on file does not guarantee that a student will pass their courses, and does not constitute an automatic reason to earn an "incomplete" at the end of a grading period. The student must successfully complete coursework and assessments in order to receive course credit.

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**TO THE PHYSICIAN: Please answer all the questions and sign where indicated:**

1. Medical diagnosis of illness/injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Explain why this medical condition prevents the student from attending school \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does this illness or injury confine the student to home? \_\_\_\_\_yes \_\_\_\_\_no

Date of initial consultation for this condition

\_\_\_\_\_

Date (approx.) this condition began: \_\_\_\_\_

All dates of office visits for condition during the past 12 months:

\_\_\_\_\_

4. The student will be unable to attend school for approximately \_\_\_\_\_ calendar days. (Specify number of days that the student will be out of school)

5. The student is experiencing emotional problems and outpatient therapy services are being provided.

\_\_\_\_\_yes \_\_\_\_\_no

Note: Before a student may receive homebound instruction, a physician must evaluate the student and state in writing that the student has an illness or injury that requires medical treatment and extended absence from school for:

- 1) Absence from school for 90 calendar days
- 2) An aggregate of 90 school days out of school or hospitalization.

I have read and answered the above stated questions and this student meets the criteria set forth in these guidelines to receive instruction in the home by Dysart Unified School District instructor or i School online instructor.

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MD Signature	MD Please print name
address	phone
	date

DYSART UNIFIED SCHOOL DISTRICT  
Homebound Medical Certification  
CONSENT FOR RELEASE OF MEDICAL INFORMATION

Student Name \_\_\_\_\_ Date of  
Birth \_\_\_\_\_  
Student Number \_\_\_\_\_  
School \_\_\_\_\_

Regarding the student identified above, I authorize my child's licensed physician, whose contact information is listed below, to furnish to the school Health Assistant/Nurse verbal and/or written medical information relating to the Homebound Health Condition. I understand that the school Health Assistant/Nurse will also provide input to the licensed health professional named below.

Licensed Physician's Name \_\_\_\_\_  
Licensed Physician's Telephone \_\_\_\_\_  
Licensed Physician's Address \_\_\_\_\_

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Parent or Guardian Name (type or print)

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Parent or Guardian Signature

Parent or Guardian Name Phone

Date