Alachua County Public Schools, 620 E. University Avenue, Gainesville, FL 32601 Exceptional Student Education

Hospital/Homebound Medical Certificate: Physical/Psychiatric Condition

Florida State Board of Education Rule 6A-6.03020, F.A.C., requires an annual medical statement/report from a licensed physician in order for the student to be considered for the Hospital/Homebound program. A licensed physician is one who is qualified to assess the student's physical or psychiatric condition. In order for Alachua County Public Schools to receive this information, a release of information is required.

Grade School Parent Name E-Mail Addre	Date of Request
Grade School Parent Name E-Mail Addre	
Grade School Parent Name E-Mail Addre	
	SS
Address City Zip Code Phone #	Alternate #
hereby authorize the physician(s) to release all information concerning diagnoses, treatment	plan, and medical
aplication for instruction and re-entry to Alachua County Public School. This release will res	main in effect until the
udent has been dismissed from the Hospital/Homebound Program. Must be signed by paren	t/guardian or student at th
ge of majority.	
Parent /Guardian Signature:	
ection II: Physician/Psychiatrist Contact Information- to be completed by parer	nt/guardian
Physician/Psychiatrist Name Area of Practice Phone #	Fax #
Physician/Psychiatrist Address City Zip	o Code
Physician/Psychiatrist E-Mail Address	
'hysician/Fsychiathst E-ivian Address	
arent is to complete sections 1 and 2 and bring to Physician/Psychiatrist office in o	order for Medical
ertificate to be completed. Physician Psychiatrist's office will complete Sections II	II and IV, Email to
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Form No.: ESE-2324-039 – Hospital-Homebound Medical Certificate-Physical-Psychiatric Condition / ESE / Hospital/Homebound New Date: 3/21/24

Medical Condition: Describe the condition(s) which confines the student to home or hospital. Attach additional documentation if necessary. As per rule: 6A-6.03020, a hospital/homebound student is a student who has a diagnosed medical or psychiatric conditional which is acute in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and which confidence in the confidence of th	
the student to home or hospital , and restricts activities for an extended period of time.	
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Medical Implications for Instruction: Included skills deficits, side effects, behavior changes, difficulties, etc.	
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Treatment Plan and other information: State Requirement (Check all that applies) Medication Management Chemotherapy Surgical Management Post-surgical Recovery Dialysis Frequent medical monitoring and follow-up Hospitalization	
☐ Bed Rest ☐ Other (explain below) Recommendation for School Re-entry: Include participation in school related activities, physical education, etc.	
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Estimated Duration of the condition or prognosis: Specify the number of days, weeks, or months the students is expected to requisive services through the Hospital/Homebound Program. This medical report cannot exceed 12 month and must be updated annually.	re
section IV: Medical Statement – Completed by the Florida Licensed Physician/Psychiatrist Il questions must be answered and initialed by the Physician/Psychiatrist.	
Yes No Initials Is the student expected to be absent from school for at least 15 consecutive days or due to a chronic condition for at least 15 school days which need not run consecutively.	,
Is confined to home or hospital? (Please see the confinement levels for the purposes of instruction below)	
Will the student be able to participate in and benefit from an instructional program?	
Is the student under medical care for an illness of injury that is acute, catastrophic or chronic in nature?	
Can the student receive instructional services without endangering the health an safety of the instructor or other students with who the instructor may come in contact with?	d
Confinement Level: the physician/psychiatrist must certify that the student is unable to attend school.	
Based on your examination, which level of confinement do you recommend for consideration? Full-time Hospital/Homebound- Student is unable to attend any portion of the school day Part-time Hospital/Homebound Student is able to attend school part day forhours a day. Intermittent Hospital/Homebound Student is currently able to attend school; however, it is expected that they will experience intermittent days of hospitalization or home confinement.	
ledical Provider Signature: Signature must be an original. Reproduction such as a stamp will not be accepted.	
rint Name of Physician/Psychiatrist- MD/OD Required Signature of Physician/Psychiatrist Date	_

 $Scan\ and\ Email:\ ESE hospital homebound@gm.sbac.edu$

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