

Alachua County Public School
Homebound or Hospitalized
Physician's Report for Re-entry of Student to School

Student: _____ Student #: _____

Birth Date: _____ School: _____ Reexamination Date: _____

This student is currently served by the Homebound/Hospital Program. Can the student be scheduled to return to school full-time? Yes No

If no, can this student be scheduled to attend *part of a day* during a recuperative period of readjustment toward a full school day? Yes No

If yes, the student's readjustment period of time will be until:

Comments:

Physician's Name and Title (please print)

Physician's Signature (MD or OD required)

Address

Telephone Number

Date