



Clayton County Public Schools

Hospital-Homebound Department

1058 Fifth Avenue - Jonesboro, GA 30236

Phone: 678-817-3119 Fax: 678-817-3098

Medical Certification Form

Please type or print and return to the Hospital-Homebound Department.

Incomplete medical certification forms cannot be approved for Hospital-Homebound services.

Hospital-Homebound (HHB) instruction is academic instruction provided to students who are confined at home or in a health care facility for periods of time that would prevent normal school attendance based upon medical certification of need by the licensed physician or licensed psychiatrist who is treating the student for the presenting diagnosis. To be considered eligible for HHB instructional services, the student's attending physician/psychiatrist anticipates student absences for a minimum of ten consecutive school days for acute illness, injury, or surgery, and anticipates intermittent absences at a minimum of ten school days per year for the chronically ill students. (HHB rule 160-4-2-.31)

Name of Student: _____ Age: _____ DOB: _____

Name of Physician/Psychiatrist: _____

Phone: _____ Fax: _____

Address: _____

Date of Examination: _____ Date of Next Examination: _____

***Diagnosis: _____

Length of Time Student Will Need HHB Instruction:

Number of Weeks: _____ Starting Date: _____ Ending Date: _____

Physician's Statement: Please answer the following questions. Please circle.

- Is the student unable to attend school for a minimum of 10 consecutive days? Yes_____ No_____
- Is the student confined to the home or hospital? Yes_____ No_____
- Are full time HHB services recommended? Yes_____ No_____
- Are *intermittent HHB services recommended? Yes_____ No_____
- The student who has a chronic or long term illness and who will be absent from school ten days in the year may receive *intermittent HHB services rather than Full-time HHB services. Is this an option for the student? Yes_____ No_____
- Can instruction be provided without endangering the health or safety of the instructor or other students with whom the instructor may come in contact? Yes_____ No_____
- Does the student have a communicable disease? Yes_____ No_____
- Is the student able to participate in and benefit from an instructional program? Yes_____ No_____

****If student is approved for intermittent HHB services, medical updates will be requested on a schedule defined within the Student's Educational Service Plan (ESP).**



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Medical Certification Form (cont.)

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Student's Name: _____ - ID#: _____ DOB: _____

Please indicate any limitations or restrictions during HHB instruction, including medication effects.

Treatment and School Re-entry Plan

The following information is required to determine eligibility for Hospital-Homebound instruction and must be completed by the licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented.

- What is the treatment/therapy schedule for this student? Daily _____ Weekly _____ Monthly _____
- What is the expected duration of the treatment/therapy? _____
- Could the student return to school on an intermittent basis after his/her medication or condition is stabilized? If applicable, please explain.

Hospital-Homebound instruction is offered as a support service; it is not intended to replace regular classroom instruction. Therefore, students are encouraged to return to school as soon as possible. Please describe your time frame and transitional plan for the student's re-entry to school.

Physician's Certification

I certify that this student is under my care and treatment for the aforementioned medical condition. My recommendation has been based on the medical needs of the patient, keeping in mind that the least restrictive environment is preferred.

Physician's Signature

GA License Number

Date

For HHB Department Use Only	
HHB Instructor: _____	Date Completed Form Received: _____
Date Physician Contacted: _____	Comments: _____