



MEDICAL CERTIFICATION

STUDENT INFORMATION

Student's Name _____

Student DOB _____

Grade _____

Reason for Medical Certification _____

Address _____

Parent/Guardian Name _____

Phone Number _____

Parent E-Mail _____

PARENT NOTIFICATION OF MEDICAL CERTIFICATION REQUIREMENTS

A completed Medical Certification does not exempt students from being responsible for their grades and attendance, school/state graduation or promotion requirements.

All school work assigned must be completed; none are exempt. The student must complete the assignments satisfactorily in order to receive credit.

Parents must email attendance@goasa.org for each absence and specify the reason for absence. If your student is absent because of the diagnosed medical condition stated in the Medical Certification you must report that they are "absent due to the Medication Certification Condition" or we will not correctly identify the absence with the appropriate attendance code. Absences not related to the diagnosed medical condition should be reported as such and will be recorded as Verified (VER) absences upon being reported. (EX: Your student is absent due to travel or other illness not noted in the Medical Certification).

The student's Medical Certification becomes effective on the date that it is returned to the Attendance Clerk in the Front Office of ASA. Certification is not retroactive and will not be used to change the attendance codes.

The student's Medical Certification is only valid for the current school year. Medical certifications do not carry over and must be submitted and reviewed annually.

Regarding the student identified above, I authorize my child's treatment provider, whose contact information is listed here, to answer the following questions pertaining to my child's medical condition and functioning on this form.

Parent/Guardian Name _____

Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Received By _____

Date Received: _____

Team Notification Date: _____



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DIAGNOSIS INFORMATION

A licensed physician, physician's assistant or nurse practitioner must complete this portion of the form.

Health Care Provider - Please Review These Instructions Before Completing This Form The purpose of this form is to certify the pursuant to A.R.S. § 15-346 you are the healthcare provider who is licensed pursuant to title 32, chapter 7, 8, 13, 14, 17 or 25 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 that is treating the above-named student for a qualifying chronic health condition. Certification is appropriate only if the student will be unable to attend school frequently or for substantial periods due to illness, disease, injury (accident), or pregnancy complications. Certification is not appropriate if the health condition is not sufficiently debilitating to prevent the student from attending school. This form will not be retroactive.

Diagnosing Professional's Name and Licensed Title

Diagnosing Professional's Phone Number

Diagnosing Professional's Email

Diagnosing Professional's Address

Student's Name

Student's Diagnosis

Date of Diagnosis

This diagnosis is due to:

- Injury** - temporary chronic medical certification (will stay in effect until end of current school year)
- Acute illness or medical condition** - temporary chronic medical certification (will stay in effect until end of current school year)
- Chronic Illness** - permanent chronic medical certification (will require supporting documents annually)

Please describe physical and mental limitations student may have due to the diagnosis.

Is the student currently taking medication for the diagnosis? If so, what medications? Are there any side effects of this medication?

How will the diagnosis affect the student's attendance at school and or performances?

Will the student be absent 9 or more days per semester? Please explain your response.

I hereby certify this student has the diagnosed condition listed above.

Diagnosing Professional's Signature

Date

Please provide any supporting documents that may be beneficial for the school to have on file.