AZTEC HIGH SCHOOL
2330 W 28th STREET
YUMA, ARIZONA 85364
PHONE: (928) 314-1900 Ext. #1018
FAX: (928) 314-1990

CHRONIC ILLNESS FORM

THIS FORM IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN.

Chronic Illness Form for School Year 2018 - 2019
Forma de Enfermedad Crónica
(Esta forma será llenara por el medico familiar solamente)

The basis for this certification is that the student meets the requirement for Chronic Illness or extended absenteeism from school due to extended illness/injury, surgery, or complications due to pregnancy. Chronic health problems require a physician's signature. Following is the school's definition for Chronic Illness.

An illness which has been, or is expected to be, a condition which affects the student for an extended period of time and which historically is an illness that is not expected to be resolved through regular medical treatment or the passage of time. Examples: asthma, diabetes, cancer, anticipated surgeries, treatment, hospitalization, or complications due to pregnancy, etc., which may interfere with regular school attendance but which are not expected to cause enough absences to require Homebound Services.

_____

Student Name | School ID# | Date of Birth

_____

Address | Phone# | Parent's Name

Date of Initial Consultation: _____
Medical Diagnosis: _____
_____
Medical Prognosis: _____

Physical limitations (If any): _____
_____

_____
Type or print Physician's Name and Title

_____ _____
Physician's Signature | Date