

2017-2018 PROGRAMA DE CLASES PARTICULARES EN LAS ESCUELAS DEL CONDADO DE WARREN
DOCUMENTACION DE PROVEEDOR DE CUIDADO DE SALUD

Esta forma es requerida cuando los estudiantes estén solicitando los servicios de clases particulares debido a enfermedad, accidente o embarazo ya que este previene la asistencia de la duración de por lo menos dos semanas o más. Cuando las complicaciones de las condiciones médicas requieren la ubicación en clases particulares que exceden de la certificación inicial, se debe de llenar una forma de recertificación. Por favor comuníquese con Jeffery Martin al (931)668-4022 ext. 230 o Sonja Walker, RN (931)668-4022 ext. 267 con cualquier pregunta relacionada con los servicios de clases particulares. Gracias

PARA SER COMPLETADA POR LOS PADRES: (Por favor Letra de Molde)

Nombre del Estudiante _____	Fecha de Nacimiento _____
Escuela _____	Grado _____
Genero _____	
Padre(s) _____	
Domicilio _____	
Número de Teléfono (Casa) _____	(Trabajo) _____ (Celular) _____

TO BE COMPLETED BY PHYSICIAN: (Please Print)

Physician _____ Phone _____ Fax _____

Address _____ City, State, Zip _____

Date Last Examined _____ Diagnosis/Etiology _____

**** Students requesting Homebound for Pregnancy please complete info in box below ****

Prognosis _____ Communicable Status _____ Immunocompromised Status _____

Treatment Plan _____

Medication(s) _____

Restrictions of physical activity () yes () no. If yes, specify nature and duration of restriction _____

DATE HOMEBOUND TO BEGIN: _____ DATE EXPECTED TO RETURN TO SCHOOL: _____

****TO BE COMPLETED FOR PREGNANCY ONLY****

_____ Expected Date of Delivery

Is the student medically unable to attend class because of health complications arising from the pregnancy? _____ YES - list complication(s): _____

******Complications should be of a nature as to have a diagnosis code. Some examples are gestational diabetes, pre-term labor (PTL), eclampsia, toxemia, pregnancy induced hypertension (PIH), etc. & must be supported by documentation from office visits and/or hospitalization admission and discharge summary. Abdominal pain, back pain, nausea, & fatigue are common to pregnancy & are not considered complications for the purpose of homebound instruction.***

_____ NO- Normal pregnancy

_____ 6-week post-partum care: Date of Delivery _____

_____ Beyond six weeks post-partum – list medical complications of student: _____

ALL HOMEBOUND PLACEMENTS SHALL BE TEMPORARY. HOMEBOUND PLACEMENTS SHALL NOT EXCEED THIRTY (30) SCHOOL DAYS DURATION. WHEN COMPLICATIONS FROM A MEDICAL CONDITION REQUIRE HOMEBOUND PLACEMENT TO EXCEED THE INITIAL CERTIFICATION (MORE THAN 30 SCHOOL DAYS) A RECERTIFICATION FORM MUST BE COMPLETED.

Signature of Physician _____ Date _____

FORM MUST BE SIGNED BY PRIMARY OR TREATING LICENSED PHYSICIAN ONLY

NO NURSE PRACTITIONER, PHYSICIAN ASSISTANT OR STAMPED SIGNATURE ACCEPTED