



NORTH WHITE HIGH SCHOOL

305 E Broadway • Monon, Indiana 47959-1060
(219) 253-8838 • FAX (219) 253-7004

Certificate of Incapacity

(Note: I.C. 20-33-2-18 requires this form to be signed by a licensed physician)

This completed form confirms that this student has an illness that is contagious, chronic, or debilitating that would cause him/or her to miss more than 3 school days.

Student's Name _____

(Last)

(First)

(Middle)

Grade _____ Date of Birth _____ Social Security Number (optional) _____ - _____ - _____

Part 1 (To Be Completed By The Physician)

Diagnosis or Description of the Condition _____

From _____ to _____

Duration of the Condition (Check One): _____ permanent _____ temporary

Anticipated Date the Student May Return to School: _____, 20____.

Date Student Should Return for Re-examination: _____, 20____.

Part 2 (To Be Completed By The Physician)

Based on your diagnosis and professional judgment, the school should anticipate the student's attendance to be (check one):

_____ Regular Daily Attendance

_____ Irregular Daily Attendance (please explain)

_____ Seasonal (please explain)

If an individualized program is warranted due to anticipated irregular school attendance or restriction of physical activities, the school may submit a written individualized program for the physician's approval and signature.

Physician's Signature

Physician's Printed Name

Physician's Address

Telephone Number