

CERTIFICATION FOR HOMEBOUND SERVICES – PREGNANT STUDENTS

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PHYSICIANS ID NO: _____

STUDENT NAME: _____

DATE OF BIRTH: _____ PHONE: _____

SSN: _____ DATE OF REQUEST: _____

SCHOOL: _____ GRADE: _____

NAME OF PARENT/GUARIDAN: _____

ADDRESS: _____

TCA Sections 41-10-1101-1104 provides for homebound instruction for pregnant students. Under this law, each pregnant student is entitled to three (3) hours of homebound instruction per week throughout a six-week period of maternity leave. If the student's physician certifies in writing that the student's medical condition prevents the student from returning to regular classes, they can continue to receive three (3) hours of home instruction per week.

Recommending Homebound Instruction:

Prior to Delivery* (must list medical diagnosis/complications/with ICD9 codes and be re-certified by physician every 4 weeks until delivery) _____

6 week period beginning with delivery – EDC _____

Beyond 6 Week Maternity Period* (must list medical diagnosis/ complications/with ICD9 codes and be re-certified by physician every 4 weeks _____

*Is the student medically unable to attend class because of health complications arising from the pregnancy? YES: _____ NO: _____

Diagnosis: _____

Code: _____

List diagnosis: Diagnosis must have a CPT code, some examples are gestational diabetes, pre-term labor, eclampsia etc. (Abdominal pain, back pain, fatigue, and simple nausea are common to pregnancy and are not considered complications for the purpose of homebound instruction.)

Maternity Leave: Beginning Date: _____ Ending Date: _____

Signature of Attending Physician: _____

Date of Visit: _____

Teacher Assigned: _____ Beginning Date: _____
Ending Date: _____