

**PHYSICIAN REQUEST
FOR HOSPITAL/HOMEBOUND SERVICES
Murray County Schools**

To be completed by
the physician and
returned to school
principal.

Hospital/Homebound Services are offered to students who have a medically diagnosed condition, which prevents school attendance for a minimum of 10 consecutive school days.

**PHYSICIAN'S STATEMENT
Medical Certification**

Student's Name

Birthdate

I certify that the above student is absent from school because of

but is physically able to benefit from educational instruction and does not have a communicable disease.

- Date Hospital/Homebound instruction may start: _____
- Approximate time student will be out of school (in weeks): _____
- Limitations for Hospital/Homebound instruction of student: _____

Physician's Name (Please Print)

Physician's Signature

Date

Telephone Number