**MEDICALLY FRAGILE VERIFICATION FORM**

STUDENT: DATE OF BIRTH:

SCHOOL:

PARENTS/GUARDIAN: \_\_\_\_\_\_

ADDRESS:

DEAR PHYSICIAN:

According to the North Carolina Department of Public Instruction’s Office of Curriculum and School Reform School Attendance and Student Accounting Manual 2010-2011, students who are medically fragile are frequently absent from school due to their severe or life threatening physical condition.

A **medically fragile** student is identified as follows:

A student who qualifies for special education in one of the existing categories of disability and for whom a licensed medical doctor has provided documentation that an associated or accompanying chronic illness is so severe as to affect the student’s school attendance. A medically fragile student is one whose illness frequently places him/her in life threatening situations. In addition, he/she may be technology-dependent for life support systems, i.e., tracheotomy, gastrostomy, etc.

Your patient is a student enrolled in Madison County School System. For our records and planning teams, please list the above-named student’s diagnosed chronic illness(es). Also, please check or list the symptoms that would not warrant an office visit but might require the child to stay home from school. This will allow the parents to verify the illnesses by listing, in writing to the school, the symptoms designated below without bringing the child to your office for an examination.

This document expires at the end of the academic year it was received.

Physician’s Signature: Date:

***(An attached business card or letterhead is required).***

**Chronic Illness / Medical Diagnosis**: \_\_\_\_\_\_\_

**Symptom(s)**: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Frequency:** **of episodes and length of absence per episode:** **(day(s) (i.e., monthly, 4 times per year, etc.)**

**Check all that apply:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Neurological System** |  | **Respiratory System** |  | **Gastrointestinal System** |  | **Cardiovascular System** |
|  | Lethargy |  | Weakness/fatigue |  | Nausea/vomiting |  | Weakness/dizziness |
|  | Dizziness/unsteadiness |  | Palor/cyanosis |  | Diarrhea |  | Pallor/cyanosis |
|  | Numbness in extremities |  | Continual coughing |  | Constipation |  | Palpitations |
|  | Petit mal seizures |  | Congested airway |  | Abdominal pain |  | Rapid pulse |
|  | Grand mal seizures |  | Difficulty breathing |  |  |  | Arrhythmia |
|  | Severe headache |  | Pain |  |  |  | Pain |
|  | Blurred vision |  | Other (explain): |  | Other (explain): |  | Fevers/infections |
|  | Other (explain): |  |  |  |  |  | Other (explain): |
|  |
|  | **Genitourinary System** |  | **Musculoskeletal System** |  | **Ear, Nose and Throat** |  | **Integumentary System** |
|  | Bladder/kidney infection |  | Pain |  | Chronic infections |  | Skin lesions |
|  | fever |  | Inflammation/swelling |  | Severe allergies |  | Infections |
|  | Other (explain): |  | fever |  | Severe asthma |  | edema |
|  |  |  | Other (explain): |  | Pneumonia/bronchitis |  | Other (explain):  |
|  |  |  |  |  | Other (explain): |  |  |

**Any Other Comments:**