Rockdale Tigers
INDEPENDENT SCHOOL DISTRICT
EMPOWER • CHALLENGE • ACHIEVE

Physician Certification of Student Absence Due to Serious or Life-Threatening Illness

In compliance with HB 367 – Texas Education Code §25.087(b-3)

Section I – Student Information

Student Full Name: _____ **Date of Birth:** _____

Campus: _____ **Grade Level:** _____

Section II – Parent/Guardian Information

Parent/Guardian Name: _____ **Phone Number:** _____

Email Address: _____

Section III – To Be Completed by a Texas-Licensed Physician

NOTE: This section must be completed by a physician licensed to practice medicine in the state of Texas under the Texas Medical Board.

I certify that the student named above is experiencing a serious or life-threatening illness or is undergoing related treatment that makes attendance infeasible during the time period indicated below.

Identified Illness: _____

Nature of Illness or Treatment:

☐ Serious Illness ☐ Life-Threatening Illness ☐ Related Medical Treatment

Anticipated Start Date of Absence: _____ **Anticipated End Date of Absence:** _____

-OR-

☐ Ongoing/Intermittent (please explain): _____

Will the student be able to participate in remote or homebound instruction during this period?

☐ Yes ☐ No ☐ Unknown at this time

Section IV – Physician Information & Certification

I affirm that the above information is true and accurate to the best of my knowledge and complies with the requirements of HB 367. I understand this form will be used to excuse the student's absences during the treatment period outlined above.

Physician Name (Print):_____ **Texas Medical License Number:** _____

Clinic/Hospital Name: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

Section V – School Office Use Only

Date Form Received: _____ **Verified By:** _____