



Certification of Serious or Life-Threatening Illness Student Absence Form

Section 1: Student and Parent/Guardian Information

Please complete this section before submitting to the physician.

- **Student Name:** _____
- **Student ID Number:** _____
- **Date of Birth:** _____
- **School Campus:** _____
- **Parent/Guardian Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

Section 2: To be completed by a physician licensed to practice in Texas

Under state law, this form may only be completed and signed by a physician licensed to practice medicine in Texas. Please complete all four sections below.

I hereby certify the following regarding the student named above:

A. Diagnosis:

The student has been diagnosed with the following illness:

B. Serious or Life-Threatening Condition:

I affirm that this illness is **serious or life-threatening**.



C. Anticipated Period of Absence:

The student is anticipated to be absent from school due to the illness or related treatment for the following period:

Start Date: _____ End Date (if known): _____

Ongoing/Indeterminate (check if applicable)

D. Infeasibility of Attendance:

I affirm that this illness makes the student's attendance **infeasible** during the anticipated period of absence stated above.

Physician Certification

- **Physician Name (Printed):** _____
- **Texas Medical License Number:** _____
- **Phone Number:** _____
- **Office Address:** _____

Physician Signature: _____

Date: _____

Note to Parents/Guardians:

Please return send this form to your **school nurse** and **campus principal**

This form and physician certification are sufficient to document your child's excused absence due to a serious or life-threatening illness. No additional medical documentation or information may be required by the district.