Plainfield Community School Corporation
985 Longfellow Lane · Plainfield, IN 46168
www.plainfield.k12.in.us
317-839-2578 P
317-838-3664 F

Physician's Certificate of Student Illness or Incapacity to Attend School

To be completed by the parent:

Student name: _____ Date of birth: _____
School: _____ Grade: _____
Parent name: _____ Telephone:_____

To be completed and signed by the physician:

Diagnosis or description of the illness or condition that precluded or currently precludes the student's attendance at school:

_____
_____
_____

Date student first seen by physician for this illness or condition: _____
Date student may be expected to return to school: _____

If unknown, please explain: _____
_____
_____

Date student is to return to be seen by physician: _____

Physician's signature
_____
Physician's printed name

_____
Street Address

_____
City, State, Zip

_____
Telephone number

_____
Date
_____

[1]This certificate may be completed by an Indiana physician, an individual holding a license to practice osteopathy or chiropractic in Indiana, or a Christian Science practitioner who resides in Indiana and is listed in the Christian Science Journal. IC 20-33-2-18