



Physician Certification of Serious or Life-Threatening Illness Form

Texas Education Code 25.087 (b)

A school district shall excuse a student from attending school for: 3. Absences resulting from a serious or life-threatening illness or related treatment that makes the student's attendance infeasible. Documentation from a licensed health care professional registered to practice in Texas must be provided that specifies the student's illness and the anticipated period of the student's absence relating to the illness or related treatment.

Student Name: _____

Grade: _____

Campus: _____

Parent Name: _____ Parent Phone Number: _____

By signing below, I certify that the named student is experiencing a serious or life-threatening illness as specified or related treatment to that specified illness, that makes attendance at school for any part of the day infeasible for the anticipated period specified. I further certify that I am licensed to practice medicine as a physician in the State of Texas.

Student's Illness: _____

**Enter the dates below for the period of anticipated infeasibility of school attendance
(student is unable to attend school for any part of a day during this period)**

Date student first became unable to attend school: _____

Date student is anticipated to be able to return to school: _____

Physician Printed Name: _____

Texas Medical Board Issued License: _____

Physician Signature: _____ Date: _____

Physician Office Phone Number: _____