

VISTA UNIFIED SCHOOL DISTRICT
Student Support Services
1234 Arcadia Avenue
Vista, CA 92084

**Home/Hospital Instruction
MEDICAL REPORT FOR HOME TEACHING**

Attention: **Physician**
Home/Hospital Instruction is a limited program available to students who are temporarily ill or injured and required instruction at home for a ***short period of time***. Students may be referred to this program if they are unable to attend school for a period of **AT LEAST FIVE (5) or SIX (6) CONSECUTIVE WEEKS from the DATE on this PHYSICIAN'S AUTHORIZATION.**

Student Name: _____ DOB: _____

Address: _____

School: _____ Grade: _____

I have examined the student named above and find the following illness/injury/condition exists:

PLEASE CHECK ONE OF THE FOLLOWING:

1. It is my opinion that this illness/injury/condition is such as to render inadvisable attendance at regular day school for a period of _____ weeks. I believe that instruction in the home is necessary. (Note: If times need to be limited, please indicate maximum number of minutes of instruction per day _____.)

2. Pregnant Teens
This student's Estimated Date of Confinement (EDC) is _____. She will be unable to attend school and require home instruction starting on _____ and continuing 6 weeks postpartum or 8 weeks for C-Sections.

Physician Signature

Date

Physician Name

Office Telephone Number

Facility Address