

**Greene County Schools**  
**Request for Homebound Instruction Program Services**  
**Medical Form**

4.206 Exhibit D  
Revised January 2017

**(Note: To be signed by a physician and returned to the Homebound Instruction Program Coordinator at Greene County Schools Central Office or faxed to (423) 639-1615.)**

**MEDICAL INFORMATION: (To Be Completed By Health Care Professional)**

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis/Etiology: \_\_\_\_\_ If pregnant, due date: \_\_\_\_\_

Prognosis: \_\_\_\_\_ Treatment/Medication: \_\_\_\_\_

Date homebound instruction program services begin: \_\_\_\_\_ Ending date: \_\_\_\_\_

Date for reassessment by physician/Next appointment follow-up: \_\_\_\_\_

Comments \_\_\_\_\_

*\*A beginning and ending date are required in order to receive services. Open ended dates will not be accepted. If physician is unsure of ending date, he or she should give a date for reassessment to determine continuing eligibility. (Maximum of 6 weeks without recertification.)*

**\*Please make the most appropriate recommendation as to how this student can best function in an educational environment:**

- Adapted Materials/Equipment*                       *School Modifications*                       *Modified Attendance*  
 *Homebound Instruction Program Services*                       *Hospital Instruction Program Services*

*To qualify for homebound instruction program services, the student must have a health impairment of sufficient seriousness to anticipate that the student will be absent for a minimum of ten (10) consecutive school days.*

**NOTICE TO PHYSICIAN:**

- Homebound instruction program services are available to pregnant students for a period of six (6) weeks, unless the physician certifies health complications which would prohibit him/her returning to regular classes.
- **Recertification must be obtained every two (2) weeks for the continuation of homebound instruction program services beyond the six (6) weeks period for pregnant students.**
- **Recertification must be obtained every four (4) weeks for the continuation of homebound instruction program services beyond the six (6) weeks period for other students.**

The preceding information is requested in order to plan a more effective educational program for the student with physical and or health condition. This is a confidential report and will be used only by those directly involved with the services of the homebound instruction program.

This student   **does/does not**   meet the criteria necessary to receive homebound instruction program services.  
*(Circle correct response)*

\_\_\_\_\_  
**Signature of Physician**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Print Physician Name**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***In the best interest of the child, Greene County Schools reserves the rights to require a second medical opinion.***