



Palermo Union School District

## PALERMO UNION SCHOOL DISTRICT MEDICAL VERIFICATION FORM

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Palermo Union School District (PUSD) is committed to providing education to support the academic performance of all students. The parents/guardians of the above named student have requested that PUSD evaluate him/her for placement in a non- traditional setting because of a medical condition. We are requesting information in order to develop an appropriate educational program.

**The following information is required:**

What is the medical diagnosis/ICD Code 10? \_\_\_\_\_

What is the prognosis? \_\_\_\_\_

What is the expected return date to the student’s regular education setting? \_\_\_\_\_

Does the medically disabling condition of this student expose the teacher to a contagious disease that can be transmitted through casual contact Yes \_\_\_\_\_ No \_\_\_\_\_

What are the medical factors that the school team needs to consider to determine an appropriate educational program/setting for this student?

\_\_\_\_\_  
\_\_\_\_\_

In the case of an emotional, psychological or behavioral diagnosis, is this student receiving ongoing medical care?

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that placement of this student on Medical Independent Study or Home Hospital Instruction is at the discretion of PUSD.

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Name of physician

\_\_\_\_\_  
Address of physician

\_\_\_\_\_  
Phone number of physician

Please return to:

Anne Hays – Coordinator Health Services  
7390 Bulldog Way, Palermo, CA 95968  
(530) 533-4842 Fax (530) 532-1047