

Mid Valley Secondary Center

52 Underwood Road * Throop, PA 18512



Chad Vinansky, Supervisor of Student Affairs

STUDENT MEDICAL EXCUSE FORM

Directions: This form must be completed and signed by a certified/licensed medical doctor, CRNP or PA-C. Scripts or generic forms from physician's offices will not be accepted. **If any sections of this form are left blank, the form will not be accepted.**

Student's Name: _____ (Print)

Date of Appointment: _____ Time of Appointment: _____ A. M / P. M.

Was the student examined by a certified/licensed physician, CRNP or PA-C?

Yes No

I certify that the above named student was unable to attend school on the following date(s) due to health issues:

Date(s): _____
A. M. _____ P. M. _____ Entire School Day _____

When can the above named student return to school? _____

Are there any restrictions upon returning to school? Yes No

If so, please list restrictions

Length of Restrictions: _____

Health Care Provider's Name and Title [or use office stamp]

Address _____

Phone _____ Fax _____

Signature of Physician, CRNP, PA-C, LPC, LCSW

Date: _____