



## Remote Learning Medical Certification of Need (Form B)

Remote Learning is a year-long program intended for students diagnosed with a medical condition which prevents normal school attendance due to a compromised immune system. Students enrolled in Remote Learning may participate in school sponsored extra-curricular activities where virtual participation is feasible. Remote Learners may not participate in non-academic activities such as field trips. If the student's medical condition improves allowing the student to return to school, a medical clearance form must be submitted to [remote@madison-schools.com](mailto:remote@madison-schools.com). If approved, the transition back to the school may only occur at the end of a nine-week grading period.

### To be completed by a licensed physician providing care to the student

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Medical Diagnosis: \_\_\_\_\_

Nature and extent of illness: \_\_\_\_\_

List specific conditions of the diagnosis that prohibit the student from attending school (e.g., bedrest, communicable disease, immune deficiency, etc.)

Date of examination or diagnosis of this illness: \_\_\_\_\_

Is the student confined to home? YES NO

Is the illness/treatment intermittent in nature? YES NO

Explain ongoing treatment and/or therapy being provided and frequency of treatment: \_\_\_\_\_

Date Remote Learning should begin: \_\_\_\_\_ Estimated date of return to school: \_\_\_\_\_

Signature of Licensed Physician

Date

Printed Name of Health Care Provider

Telephone

Office Address

City, State, Zip Code

**A statement of medical clearance will be required for the student to return to school.**

**Submit the form via email to [remote@madison-schools.com](mailto:remote@madison-schools.com) no later than July 7, 2021.**

#### For MCS use Only

Date reviewed by committee: \_\_\_\_\_

Date of notification: \_\_\_\_\_

Approved: \_\_\_\_\_

School: \_\_\_\_\_

Denied: \_\_\_\_\_

Parent: \_\_\_\_\_