
DESCRIPTION OF ILLNESS OR INJURY

Doctor or licensed caregiver should sign here if the illness or injury description is to be kept confidential.

PHYSICIAN OR CARE-GIVER'S SIGNATURE:

X _____

PROGNOSIS

Doctor or licensed caregiver should check the item or items which best apply to the student's physical capabilities.

This student can/should: should be followed until:

Form _____

PRINTED NAME OF DOCTOR OR CAREGIVER:

PRINTED NAME OF HOSPITAL OR CLINIC:

SIGNATURE OF DOCTOR OR LICENSED CAREGIVER:

X _____

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