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HOMEBOUND/HOSPITAL INSTRUCTION

THE STEPHENS CENTER 1020 GLEN ROCK AVENUE, WAUKEGAN ILLINOIS 60085 847.360.5356 (PHONE) 847.360.5373 (FAX)

Medical Clearance Form

This form is to be completed and signed by a physician. Completed forms are then submitted to HBT Office and forwarded to the student's home school prior to the student's return to school.

_____ was seen in my office on _____.
(student/patient name) (date of office visit)

He/She has been under my medical care from _____ to _____ and is able to
return to school on _____.
(date of return)

Without any restrictions

With the following restrictions _____

(physician name – please print)

(office address)

(physician signature)

(phone)

(fax)