

Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

MEDICAL EXCUSE FORM

Student: _____

OSIS #: _____ D.O.B.: _____

Exam: _____ Grade: _____

Excuse Dates: From _____ To _____

Teacher: _____

The above mentioned patient is being treated as an inpatient at:

(site)

This student has been admitted to the hospital because of an acute medical/psychiatric condition and is unable to participate in assessments during this examination period.

Signature _____

Physician

Date

Print Name of Physician