

# Certificate for Return to School Form Physical Activity Clearance & Special Accommodations

## DWIGHT SCHOOL

*Physician to Complete*

To promote the health and well being of all students, and to protect them against further illness or injury, the following regulations are in accordance with Dwight School's policy.

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Student Name	Date of Birth	Class/Grade
Doctor's Name	Address	Phone

**I hereby certify that the above named student has been under my care for the condition(s) or concern(s) listed below:**

\_\_\_\_\_ **"SCHOOL RESTRICTABLE DISEASE"** --- Clearance to return to school is required if a student was sent home due to suspected school restrictable disease. He/she is sent home from school due to concern that warrant further investigation by a physician for a complete evaluation, diagnosis, and if indicated, treatment. Following diagnostic testing for certain communicable disease, the student must remain home until the results are in.

\_\_\_\_\_ **"COMMUNICABLE DISEASE"** --- Clearance to return to school is required regardless of the number of absent days for students who are absent sick with a communicable disease (i.e., strep throat/scarlet fever; influenza (flu); stomach flu; mononucleosis; pinkeye; impetigo; Hand-Foot-Mouth disease; staph skin infections; ringworm; pinworms; fifth disease; molluscum contagiosum; head lice; nits; vaccine preventable illnesses; meningitis, positive TB test, etc.)

\_\_\_\_\_ **PROLONGED ABSENCE** --- Clearance to return to school is required if a student has been absent from school due to an illness or injury for four consecutive days and beyond. Notes from the parents are not accepted.

\_\_\_\_\_ **PHYSICAL ACTIVITIES CLEARANCE** ---- **is required** in order to get clearance to participate in full physical activity.

\_\_\_\_\_ **SPECIAL ACCOMMODATIONS REQUEST** --- is required if a student needs long-term (three days or more) accommodations at school including limitations, or restrictions from participating in PE or after-school sports, elevator pass, extra time between classes, medications, etc., due to a significant accident or injury during school; or came to school with an obvious accident or injury that occurred outside school (i.e., sprain, broken bone, black eye, contusion, head injury, cast, sling, splint, brace, supportive bandage, etc.); or who has returned following surgery or an extended serious illness. If the child is unable to participate in PE/after-school sports, the child will be marked absent until a doctor's note is submitted for requesting special accommodations.

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This child has been under my medical care on: (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Onset of Illness or Injury (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Diagnosis (Nature of illness or injury): \_\_\_\_\_

Number of absent days from school: \_\_\_\_\_ May Return to School on (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Student is cleared to return to full Physical Activities including Contact Sports: \_\_\_\_\_YES\_\_\_\_\_NO

Special Accommodations Requested: YES\_\_\_\_\_NO\_\_\_\_\_ until (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

List/describe accommodations that are being requested during school: \_\_\_\_\_

Next follow-up visit with MD (date if any): \_\_\_\_\_

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Doctor's Signature	Date
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