



Chronic Illness Verification Form

Student Name: _____ Date of Birth: _____ Grade: _____

Forward Form to: _____ School: _____

Fax or Email: _____

Physician Verification

Dear Physician:

Your patient is a student enrolled in the San Mateo Union High School District. For our records, please list the chronic illness diagnosed for the student. Also, please check or list symptoms that would not warrant an office visit but might require the student to stay home from school. This will allow the parent/guardian to verify illnesses by listing in writing to the school the symptoms designated below, without bringing the child into your office for an examination. This document expires at the end of the academic year it was received.

Physician's signature: _____ Date: _____

Physician's printed name: _____

Physician's address: _____

Note: Copy of business card or letterhead is required.

Chronic Illness / Medical Diagnosis / Symptoms / Frequency*

Diagnosis: _____

Symptoms: _____

Expected Frequency of Episodes: _____ (Example: Monthly, four times per school year, etc.)

Length of absence per episode: _____ day(s)

Neurological System

- Lethargy
- Dizziness/Unsteadiness
- Numbness in extremities
- Petit mal seizures
- Grand mal seizures
- Blurred vision

Integumentary System

- Skin lesions
- Infections
- Edema

Gastrointestinal System

- Nausea/vomiting
- Diarrhea
- Constipation
- Abdominal pain

Respiratory System

- Weakness/fatigue
- Pallor/Cyanosis
- Continual coughing
- Congested airway
- Difficulty breathing
- Pain

Cardiovascular System

- Weakness/dizziness
- Pallor/Cyanosis
- Palpitations
- Rapid pulse
- Arrhythmia
- Pain
- Fever/infection

Ear, Nose and Throat

- Chronic Infections
- Severe allergies
- Severe asthma
- Fever
- Pneumonia/bronchitis

Musculoskeletal System

- Pain
- Inflammations/swelling

Genitourinary System

- Bladder/kidney infection
- Fever

Additional Comments:

Parent/Guardian Authorization for Exchange of Information

I hereby request and authorize the exchange of information on the above diagnosis pertaining to my child between the school/District's Health Offices' designated staff of the San Mateo Union High School District and the physician named above.

I request that the San Mateo Union High School District to contact the parent/guardian signing this authorization before contacting the authorizing medical profession. ____ (Initial here to request)

This contact will only be made if the frequency or length of absences exceeds the numbers authorized above. I further understand with this verification; I must submit a written explanation to verify each absence.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

***All areas and appropriate symptoms must be filled in for this form to be valid.**

FAQ's For Chronic Illness Verification Form (CIVF)

The Chronic Illness Form allows parents/guardians to excuse absences due to a specific medical condition with the same authority as a medical professional. Below are guidelines for completing the form correctly to establish and maintain this authorization.

1. Both sides of the CIVF must be completed.
 - a. Side 1 = Chronic Illness Verification Form;
 - b. Side 2 = Consent to Release or Exchange Information
2. The school/District will not accept any CIVF that does not have the expected frequency of episodes, length of absence, diagnosis, appropriate symptoms listed, Physician's or Medical Group letterhead/business card attached and appropriate signature(s). Incomplete forms will be returned to the parent/guardians.
3. The school site may fax the CIVF back to the Physician's office to verify the document's authenticity. An administrator or their designee **must** refuse acceptance of any CIVF they find to be fraudulent.
4. Schools will only code absences "I" (Illness) when the parent/guardian provides written verification listing one or more reasons specified on the form under "Symptom(s)". Phone calls are not acceptable and absences will be coded as "Unexcused" or "Truant" for any absences not properly cleared by a written verification.
5. School staff will monitor the expected frequency and length of episode for absences excused for reasonable compliance with the Physician's guidelines outlined on the form. If there is a concern about the child not making academic progress due to these absences or that the privilege is being misused, the school will contact the student and/or parent/guardian to discuss these concerns. For some chronically ill children, alternative educational programs may meet their needs more appropriately.
6. If the site has unresolved concerns, after talking with the student and/or parent/guardian, designated Health Services staff will contact the authorizing Physician with specific questions related to the diagnosis and absenteeism. Health Services staff will refer to the CIVF if the parent/guardian initials require contact with them prior to accessing the Physician.
7. Remember, the CIVF form expires at the end of the academic year. Obtain a new form annually.

For questions, please contact your school site health aide or the SMUHSD Health Services Manager at: 650-558-2222.