

Austin Independent School District

Department of School, Family and Community Education

PHYSICIAN INFORMATION REPORT

Student _____ DOB _____

School _____ Grade _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Address _____

****HOMEBOUND SERVICES ARE FOR MEDICAL REASONS ONLY****

Diagnosis: _____

Date of Diagnosis: _____ Communicable? Yes No

Would providing any of the following accommodations in the school setting allow the student to remain

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*The Physician's statement is not the sole determining factor 10.10.3ieteF(P9 t)2.4 (et)2.4 (erm)138496 [i.1 (n)-1.8 (h