

## Student Medical Excusal

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Examined by: ☐ Physician ☐ Physician's Assistant ☐ School Nurse ☐ Office Staff

Complaint: \_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

Student is hereby excused from school attendance until ☐ Tomorrow

☐ Symptoms are gone

☐ Other:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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