

XAVIER COLLEGE PREPARATORY HIGH SCHOOL

Attendance Verification Form for Students with Chronic Illness

STUDENT	D.O.B. (MM-DD-YY)	GRADE
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The Xavier College Preparatory Student Handbook states: "For each class a student has missed more than ten (10) times in a semester, the student may lose credit eligibility." **Chronic illness** or an emergency situation causing more than 10 absences will be dealt with on an individual basis through the Office of the Dean of Students.

Dear Physician:

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

Physician's Verification

 Physician's Signature Date

Chronic illness / medical diagnosis: _____

Symptom(s): _____

Expected frequency* _____ of episodes and length of absence per episode: _____ day(s).

*Examples: monthly, 4 times per school year, etc.

- Neurological system**
- ___ lethargy
 - ___ dizziness/unsteadiness
 - ___ numbness in extremities
 - ___ petit mal seizures
 - ___ grand mal seizures
 - ___ severe headache
 - ___ blurred vision

- Respiratory system**
- ___ weakness/fatigue
 - ___ pallor/cyanosis
 - ___ continual coughing
 - ___ congested airway
 - ___ difficulty breathing
 - ___ pain

- Gastrointestinal system**
- ___ nausea/vomiting
 - ___ diarrhea
 - ___ constipation
 - ___ abdominal pain

- Integumentary system**
- ___ skin lesions
 - ___ infections
 - ___ edema

- Cardiovascular system**
- ___ weakness/dizziness
 - ___ pallor/cyanosis
 - ___ palpitations
 - ___ rapid pulse
 - ___ arrhythmia
 - ___ pain
 - ___ fevers/infections

- Genitourinary system**
- ___ bladder/kidney infection
 - ___ fever

- Ear, Nose & Throat**
- ___ chronic infections
 - ___ severe allergies
 - ___ severe asthma
 - ___ fever
 - ___ pneumonia/bronchitis

- Musculoskeletal system**
- ___ pain
 - ___ inflammation/swelling

___ **Emotional / Psychological**

Additional Comments: _____

Parent/Guardian Authorization for Exchange of Information

My signature below authorizes the exchange of information, on the above diagnosis of my child, between the Dean of Students at Xavier College Preparatory and my child's physician whose name and phone number are as follows:

I understand that this information may be used for **attendance purposes only**. I further understand with **this verification, I must submit a written explanation and call the school Attendance Office to verify each absence in order for the absences to be considered a result of the diagnosed chronic illness.**

 Parent / Guardian Signature Date