



**School District U-46**  
Educational Service Center  
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Dr. Suzanne Johnson, Superintendent

[www.u-46.org](http://www.u-46.org)

## Homebound Medical Request Form

To be completed by the physician/primary care provider. All components need to be completed.  
This is to certify that the following student is medically unable to attend school, but is medically able to complete at least one hour of education at home either in-person or virtually.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Regarding the above diagnosis; what is preventing this student from attending school?

\_\_\_\_\_  
\_\_\_\_\_

Estimated number of weeks the student will require the requested services: \_\_\_\_\_

Any limitations, recommendations, or precautions for the student:

\_\_\_\_\_  
\_\_\_\_\_

Are any of the following required for this student while on homebound:

☐ Limited Screen Time      ☐ Virtual Tutoring Only      ☐ In-Person Tutoring within the Home

Physician/Primary Care Provider Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Type here]