

School Health Services

Starr Center

102 North Plumer Street

Tucson, Arizona 85719



Expired Chronic Medical Certification Letter to Parent

To: Parent/Guardian
RE: Expired Chronic Medical Certification
FR:
School:
Date:

Dear Parent/Guardian,

Our records indicate that your child has a chronic medical certification for _____, which expires on _____.

If you wish the chronic medical certification to continue I have enclosed a new Medical Certification of Student with Chronic Health Condition form (JHD-E1) for your authorized healthcare provider to complete. An authorized healthcare provider is a licensed medical doctor, podiatrist, chiropractor, osteopathic physician, naturopathic physician, physician's assistant, or nurse practitioner.

When your healthcare provider has completed the form please return it to your school's health office.

Please note that there is a section where the healthcare provider can mark permanent. If this section is initialed by the healthcare provider, this form will not have to be completed every school year. If it is marked permanent, only a new instructional plan will be required in subsequent years.

Attached is the letter explaining chronic illness (JHD-E3). If you have any questions please don't hesitate to call me at _____ or e-mail me at _____.

Sincerely,