

**ROE Health Note Requirement (Level 2)**

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Notice to Attending Physician:

\_\_\_\_\_ Name \_\_\_\_\_ has been referred to our office due to excessive absences to  
\_\_\_\_\_ Name of School \_\_\_\_\_ this year.

As a result of (his/her) history of excessive absences, (he/she) must be seen by a physician in order for the absence to be excused. Absences will only be excused if the doctor orders the student not to be in school or the school nurse determines that the student should not remain at school due to illness.

**This form must be fully completed by the doctor and returned to the school by the student or parent within 24 hours of returning to school after an absence.**

**Failure of parent to return the completed form will result in the absence being recorded as unexcused/truant.**

Sincerely,

Jim Drengwitz  
Truancy Outreach Specialist

What date was \_\_\_\_\_ examined? Date \_\_\_\_\_ Time \_\_\_\_\_  
(Name of Student)

List the day(s) if any, that it was determined medically necessary for the child to be excused as a result of this examination and/or their symptoms. (Please include specific date.)

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Is \_\_\_\_\_ able to return to school today? \_\_\_\_ Yes \_\_\_\_ No , (If not, then when?)  
(Name of student)

May the school call your office if there are any questions? \_\_\_\_ Yes \_\_\_\_ No

Doctor's name (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_