

Chronic Illness Verification Form (CIVF) Information

The Chronic Illness Form allows parents to excuse absences due to a specific medical condition with the same authority as a medical professional. Below are guidelines for completing the form correctly to establish and maintain this authorization.

- 1) San Juan Unified School District does not accept any CIVF that does not have the expected frequency of episodes, length of absence, diagnosis, appropriate symptoms listed, Provider's or Medical Group letterhead/business card attached and appropriate signature(s). Please return the form to parent for completion.
- 2) The school site may fax the CIVF back to the Provider's office to verify the document's authenticity. An administrator or their designee must refuse acceptance of any CIVF found to be fraudulent.
- 3) Schools will only code absences V when the parent provides **written** verification listing one or more reasons specified on the form under "Symptom(s)". Phone calls are not acceptable and should be coded with E's unless the 10 days are exhausted, then X's.
- 4) Please monitor the expected frequency and length of episode for absences excused for reasonable compliance with the Provider's guidelines outlined on the form. If there is a concern about the child not making academic progress due to these absences or that the privilege is being misused, the school will contact the student and/or parent to discuss these concerns. For some chronically ill children, alternative educational programs may meet their needs more appropriately.
- 5) If the site has unresolved concerns, after talking with the student and/or parent, designated Health Services staff will contact the authorizing Provider with specific questions related to the diagnosis and absenteeism. We will refer to the CIVF if the parent initials require contact with them prior to accessing the Physician.
- 6) Remember, the form expires at the end of the academic year. Obtain a new form annually.

For questions, please contact San Juan Unified School District Health Services/your school nurse at 916-971-7643 or Attendance Improvement Program/SARB at 916-979-8604.



San Juan Unified School District

Office of Student Support Services

Attendance Improvement Program/Health Services

3700 Garfield, Carmichael, CA 95608

Attendance Improvement Program: 916-979-8604 or Health Services: 916-971-7643

CHRONIC ILLNESS VERIFICATION FORM

STUDENT/DOB/GRADE:

Send to: SJUSD; Health Services; 4640 Orange Grove Avenue, G-1; Sacramento, CA 95841 or
email to: Jenny.Amador@SanJuan.edu or FAX to: 916-979-8807

Dear Primary/Specialty Care Provider,

Your patient is a student enrolled in San Juan Unified School District. For our records, please list the chronic illness diagnosed for the student. Also, please check or list 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.

**Primary/Specialty Care
Provider Verification**

Primary/Specialty Care Provider's signature: _____

Printed name: _____

Address: _____

Date: _____

(Copy of business card or letterhead is required)

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

Additional Comments: _____

**Parent/Guardian
Authorization for
Exchange of
Information**

I hereby request and authorize the exchange of information on the above diagnosis pertaining to my child between Health Services designated staff of the San Juan Unified School District and the Care Provider named above.

I request San Juan Unified School District to contact the parent/guardian signing this authorization before contacting the authorizing Care Provider. (Initial here to request _____) This contact will only be made if the frequency or length of absences exceeds the numbers authorized above. I further understand with this verification, I must submit written explanations to verify each absence.

Parent/Guardian Signature and Date:

ALL

BOXED

areas and appropriate symptoms must be filled in for form to be valid.