



Pediatric Clinic  
 PATIENT VISIT DOCUMENTATION  
**SCHOOL EXCUSE**

Name of Patient: \_\_\_\_\_

Name of Parent/Sponsor: \_\_\_\_\_

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

- This child was seen in the Pediatric Clinic today with an appointment time of \_\_\_\_\_.
- This child was home for medical problems from \_\_\_\_\_ to \_\_\_\_\_.
- This child is now able to return to school/day care and is not contagious.
- This child may return to school/day care when afebrile for 24 hours.
- This child may return to school/day care when diarrhea resolved.
- This child may return to school/day care after 24 hours of antibiotic therapy.
- This child received immunizations from the Immunization Clinic today at \_\_\_\_\_.

**Physical education:**

- This child can participate in all age appropriate sports and activities, OR
- This child should have limited physical activity with the following instructions:

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

- No gym for \_\_\_\_\_ days.

Thank you.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Pediatric Clinic  
 Evans Army Community Hospital  
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