

HOMEBOUND INSTRUCTION-CERTIFICATE OF PHYSICIAN

I, _____, hereby declare:

1. I am a physician duly licensed to practice medicine in the state of Wyoming and am presently engaged in the practice of medicine with offices at:

(Street Address) _____

(City/State/Zip) _____

(Business telephone) _____

2. On the following dates I treated _____ for
(Name of Student)

(Describe Illness of Injury)

and I know of my own knowledge that he/she is unable to attend school during

the period of _____ but is capable of receiving
homebound instruction both dates inclusive.

In witness whereof I have hereunto set my hand this _____ day of _____,

20_____, at _____,
(City) (State)

(Signature of Physician)

Typed name of physician:
