

Kenosha Unified School District
PHYSICIAN VERIFICATION FOR
eSchool Medical Virtual Instruction Program

ATTENTION: The Medically Necessary Virtual Instruction Program (MEDVI) provides instruction for KUSD students who are unable to attend school for at least one marking period (or more than 14 consecutive school days) in a face-to-face school environment due to a medically documented physical injury, medical condition, or severe emotional problem. The program is designed to provide support for core academic courses on a **short-term basis**. MEDVI is only offered in middle and secondary grades, and enrollment is always subject to the availability of courses. This form is to be filled out by the physician. To qualify for MEDVI, the physician must verify the student will be unable to attend school for an extended period of time. MEDVI is intended for short term removal of students from a comprehensive school while they undergo treatment for an ailment. Upon completion, this form should be faxed to Kenosha eSchool at 262-359-5933 or scanned and e-mailed to Kim Gorman at kgorman@kUSD.edu. Please call our office at 262-359-7715 if you have any additional questions.

Student Name (Last, First, MI)

Date of Birth (Mo/Day/Yr.)

Parent(s)/Guardian(s) Name

Address: Street, City, State, Zip Code

Physician's Name _____ Area of Specialty: _____
(Note: mental illness diagnosis must be made by a psychologist or psychiatrist who is actively treating the patient during the recommended time period student is attending eSchool.)

PHYSICIAN'S STATEMENT

1. Diagnosis and Description of Condition:

2. Anticipated length of treatment:

3. Specify/describe the treatment plan for the student:

4. Do you recommend the student attend Kenosha eSchool's **on-line** program because he/she is unable to attend his/her regular **in-person** school program? ____ Yes ____ No
If yes, please list the restrictions that may interfere with the student's **in-person** educational program.
Please note that modifications may be available for the student in the regular in-person school setting.

5. This student will be hospitalized ____ Yes ____ No If yes, anticipated length of time: _____

Physicians Signature

Date

Clinic/Office Name & Address

Phone Number