

2018-19 Medical Excuse for Statewide Testing

This form is used to document medical excuses for students unable to be assessed at any time during the statewide testing window(s) due to a medical condition.

To be completed by Medical Professional:

I confirm that the student named herein has valid medical reasons that prevent him or her from participating in regularly scheduled testing (e.g., a student is hospitalized due to an accident or is unable to test because of a medical condition that has been verified by a medical professional) during the dates indicated below.

Patient Name (student) _____

Dates Restricted _____

Name of Medical Professional _____

Medical Professional Signature _____

Date of Signature _____

To be completed by School:

School Name _____

Name of Student _____

Student ID# _____

Grade _____

Date of Request _____

Test Coordinators: Submit completed forms to REAA via the Google Drive/Test Coordinator 2018-19/Parent Refusal/Medical Excuse Forms folder as they are received. Medical Excuse information for students that did not participate in the ACCESS or MCA/MTAS windows must also be added to your Post Test Edit spreadsheet, located in your Google Drive/Test Coordinator 2018-19 folder.