



East Hartford High School
Attendance Review Board



Date:

To: **Assistant Principal**, East Hartford High School

Re: Influenza-Like Illness

Dear **Assistant Principal**:

House Office: _____
Date processed: _____
By whom: _____

In accordance with East Hartford High School Attendance policy and procedures, please accept this document as a request for an excused absence for an East Hartford High School student.

The student: _____ is/was out sick on _____.		
First	Last	list date(s)

The symptoms described by the parent/guardian are/were:

- Fever of 100 degrees or more.
- A cough is present.
- A sore throat is present.
- Headache, body aches or chills are present.
- Vomiting or diarrhea is present.
- Other _____

Parent/Guardian contact information is listed below: Home phone: _____ Cell phone: _____
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Signature: Parent/Guardian: _____

OFFICE USE:

“ILI” (Influenza-Like Illness) has been entered in to the student’s attendance in eSchool.

Assistant Principal Signature