PHYSICAL EDUCATION EXCLUSION/LIMITATION

Student _____ B. D. _____ Date _____

School _____ Grade _____ Teacher_____

Dear Physician: The parent's of this student have requested that he/she have limited physical education (P.E.) activities or that he/she be excused from all P.E. activities due to a health condition. Please provide the information requested and return it to the person designated below so that an appropriate P.E. program can be implemented. Thank you.

1. The parent's signature below will authorize the physician to exchange medical information with the school district.

   _____ _____
   Signature of Parent/Guardian Date

2. Diagnosis: _____

3. Exclusion from all P.E.: ☐ Yes ☐ No. If No, please complete items 4, 5, 6 &7.

4. Activities: Please check below the P.E. activities in which the student **CAN** participate:
   - ☐ Running (cardiovascular)
   - ☐ Calisthenics/warm-up exercise
   - ☐ Upper Body Workout
   - ☐ Lower Body Workout
   - ☐ Jumping
   - ☐ Team sports (i.e., softball, soccer, etc.)
   - ☐ Other, please specify: _____
     _____

5. Please describe modifications to any of the activities (i.e. walk instead of run).
   _____
   _____

6. Please list specific movements that should be avoided: _____
   _____

7. Duration of the modified or exclusion from P.E. activities: _____

PLEASE RETURN TO:

_____ _____
_____ Physician's Signature
_____ _____ _____
Date Phone #