

Name of Student: _____ Grade _____ Date _____

Please Advise Re: _____

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Dear Health Care Provider:

We have received a notice that your patient is to be excused from physical exercise while at school. Physical education is a course required by State Law and continued absence will result in loss of credit for this course.

Will you please help us to properly place this student by completing this form. Thank you.

I. EXEMPTION FOR PHYSICAL EDUCATION CLASS ACTIVITIES

Student should be exempted due to: [Please state condition] _____

II. Please ☒ the level of physical activity for school, physical education and playground activities permitted:

- ☐ No restrictions. The above student may resume full activity.
- ☐ The above student may participate if the ☒ protective equipment is worn:
 - ☐ helmet ☐ mouth guard ☐ chest pad ☐ wrist guards ☐ joint pads ☐ glasses/protective eye wear
- ☐ The above student should NOT participate in the activities ☒ below:

III. PLEASE ☒ ACTIVITIES NOT CONSIDERED APPROPRIATE FOR STUDENT:

- | | | |
|---|---|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Football | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Sportwalls |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Team Handball |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Kan Jam [Frisbee Horseshoes] | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Outdoor Education Ropes Course | <input type="checkbox"/> Touch Foot ball |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Pickle Ball | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Fitness Unit [Equipment] | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |

☐ Other _____

Other Activity Not to Participate _____

Comments _____

Duration of Excuse: ☐ This School Year ☐ Other _____

Health Care Provider Name [Please Print] _____

Health Care Provider [Signature] _____ Date _____

Address _____

Please return this form to:

Telephone () _____

FAX () _____