# MARYVALE SCHOOL SYSTEM

## Health Services

### PHYSICAL EDUCATION EXCLUSION – INTERMEDIATE & SECONDARY

Student's Name _____ Grade _____ Date _____

All students registered in the schools in New York State are required by the Education Law to attend courses of instruction in Physical Education and Swimming.

Please indicate the activities and sports the student **SHOULD NOT** participate in and for what medical reason he or she is excused. Please indicate the length of time the student will be excused.

DIAGNOSIS: _____

Group he/she should be placed:

_____ A Unrestricted: May participate in strenuous activity

_____ B Moderate: May participate in certain activities only (Walking only: _____ Upper body only (weights/Stretching): _____)

_____ C No physical education

Please check activities the student **SHOULD NOT** participate in:

- Rockwall
- Pickleball
- Fitness
- Lower Body Work outs

_____ Archery
___ Badminton
_____ Baseball/Softball
_____ Basketball
_____ Bowling
_____ Conditioning/Exercise
_____ Dance:
- _____ Folk
- _____ Modern
- _____ Disco
- _____ Square

_____ Field Hockey
_____ Floor Hockey
_____ Football
- _____ Touch/Flag

_____ Golf
_____ Gymnastics
- _____ Apparatus
- _____ Tumbling

_____ Handball
_____ Horseshoes
_____ Lacrosse
_____ Paddleball
_____ Physical Fitness Testing
_____ Self-defense
_____ Shuffleboard
_____ Soccer
_____ Speedball/Speed-Away
_____ Swimming:
- _____ Basic
- _____ Survival
- _____ Life Saving
- _____ Competitive
- _____ Synchronized

_____ Table Tennis
_____ Team Handball
_____ Tennis
_____ Track & Field
_____ Volleyball
_____ Weight Training
_____ Wrestling
_____ Showers

Length of time student is to be excused _____

Date _____

Physician's signature _____
Physician's name (Please Print) _____
Street _____
City _____ State _____ Zip _____