

**MEDICAL EXCUSE FORM
FROM PHYSICAL EDUCATION**

Date _____

Parents: Your child has requested an excuse from physical education. In compliance with the State minimum standards regarding graduation requirements and in accordance with the Board of Education policy, each student is required to take Physical Education. A doctor's note must be kept on file each year stating limitations and suggested physical education activities.

Student name _____ School _____ Grade _____

Doctor: For psychological as well as physical reasons, it is important that each student participate , so any limitations and suggestions will be appreciated.

Type of Disability:

Cardio-vascular Visually impaired Muscular
 Orthopedic Neurological Pulmonary
 Hearing impaired Other, specify _____

Status:

Refrain from ALL Physical Education activities.
 No excuse indicated: Student should participate in Physical Education class.
 Student may participate on a limited basis as indicated below.

Condition is:

Permanent for this school year
 Temporary, may resume normal activities, (Date) _____

Limitation of the following physical activities:

Contact sports
 Aerobics
 Running
 Gymnastics
 Low impact sports
 Floor exercises
 Other (please explain) _____

Physician's Name _____ Phone _____

Physician's Signature _____ Date _____

Physical Education Teacher is to place this completed form in the student's permanent record file.

