

**RECOMMENDATION FOR LIMITED**

**PARTICIPATION IN PHYSICAL EDUCATION**

Temporary exemption from physical education may be granted to pupils who are ill or injured (California Education code 51241). A doctor's excuse and recommendation is required. Please ask your health care provider to complete the following report and return to the School Nurse.

I hereby authorize exchange of information between MD \_\_\_\_\_ and \_\_\_\_\_ School.  
Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**TO THE EXAMINER:** Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

is unable to participate in a regular education program for \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months.

**Diagnosis:** \_\_\_\_\_

**PLEASE SPECIFY THE LIMITED PARTICIPATION ACTIVITIES THE STUDENT MAY PARTICIPATE IN BELOW BY CHECKING THE SPECIFIC ACTIVITY AS YES OR NO:**

For 7<sup>th</sup> and 8<sup>th</sup> grade students (students participate every other day according to A/B schedule):

Yes	No		Yes	No
_____	_____	Racquet Sports	_____	_____
_____	_____	Frisbee	_____	_____
_____	_____	Basketball	_____	_____
_____	_____	Track & Field	_____	_____
_____	_____	Volleyball	_____	_____
_____	_____	1-mile run timed	_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____

Warm up activities:  
\_\_\_\_\_ jumping jacks  
\_\_\_\_\_ crunches, sit-ups  
\_\_\_\_\_ Stretching upper extremities  
\_\_\_\_\_ Twisting and bending trunk

Warm up activities:  
\_\_\_\_\_ Lounges, squats  
\_\_\_\_\_ push-ups  
\_\_\_\_\_ stretching lower extremities  
\_\_\_\_\_ light job around gym/blacktop

Student can participate in alternative activities that require no exertion, such as:

Yes No  
\_\_\_\_\_ Quiet games involving almost no exertion  
\_\_\_\_\_ Hobbies and crafts  
\_\_\_\_\_ Other Homework, such as reading or writing  
\_\_\_\_\_ Teacher Assistance Work (students who are expected to be removed from PE for more than 20 school days will be placed in a medical TA position or placed in another class as space limits)

Additional Comments: (Please be specific) \_\_\_\_\_  
\_\_\_\_\_

**WHAT SHOULD THE STUDENT DO AT END OF THE DESIGNATED TIME?**

1. Return to health care provider for recheck \_\_\_\_\_
2. Engage in regular physical education activities \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name (Office Stamp if Available)

Physician's Signature \_\_\_\_\_