THE SCHOOL DISTRICT OF PHILADELPHIA

SCHOOL HEALTH SERVICES

PHYSICAL EDUCATION MEDICAL EXEMPTION / PROGRAM MODIFICATION

To the Parent/Guardian:

Participation in our Physical Education Program is required for all students. Modifications are available for students who are unable to participate in all parts of the program. It is your responsibility to contact the school nurse if the student requires a modified program. In cases of temporary restriction, the student is still required to report to his/her regularly scheduled physical education class and must continue to take health education classes. This form is to be completed **every school year** by your physician and returned to the school nurse. The School Nurse will forward a copy to the school Department of Physical and Health Education.

Physician: The Pennsylvania Department of Education requires ALL students to participate in a planned program of physical education at EVERY GRADE LEVEL..

STUDENT'S NAME - LAST FI		IRST M.I.		BIRTH DATE - MO/DAY/YR		PID#
NAME OF SCHOOL				GRADE		ROOM
NAME OF SCHOOL				SIVADE		T.CO.III
SCHOOL NURSE				TELEPHONE		DATE ISSUED
■ COMPLETED BY CARE PROVIDER						
Our patient has requested an excuse from the regular physical education program based on the health condition listed below:						
Diagnosis:						
1. CHECK DEGREE OF ACTIVITY PERMITTED: 2. CHECK ANYTHING WITHIN THAT CATEGORY WHICH IS <u>NOT</u> PERMITTED.						
VIGOROUS MODERATE CALISTHENICS & GENI				ERAL EXERCISES REQUIRING	RAL EXERCISES REQUIRING MILD (I.E. WALKING OR MOVEMENT OF	
		MODERATE RUNNING ANI		AND MUSCULAR EFFORT)	ARMS	S, NECK & TRUNK)
RUNNING	SOCCER	YOGA		MEDICINE BALL	WALKING - INDOOR	TABLE TENNIS
JUMPING	BASKETBALL	DANCE		LOW ORGANIZED GAMES	OUTDOOR	
AEROBICS	TRACK & FIELD	SOFTBALL		BADMINTON	ARCHERY	BOWLING
YOGA	FLAG FOOTBALL	TENNIS		KICKBALL	YOGA	BALL DRILLS
DANCE	SPEEDBALL	VOLLEYBALL		STUNTS	BADMINTON	HAND APPARATUS DRILLS
TENNIS	GYMNASTICS	WEIGHT TRAINING		TETHERBALL	GOLF	THERAPEUTIC EXERCISES
HOCKEY (FIELD)		THERAPEUTIC EXERCISES		ROLLER SKATING	DANCE	LOW ORGANIZED GAMES
HOCKEY (FLOOR)		JOGGING		HANDBALL GAMES	QUOITS/HORSESHOES	
		ROPE DRILL				
RESTRICTION REQUESTED FOR WEEKS DATE OF EXAMINATION						
☐ MODIFICATION REQUESTED FOR WEEKS						
Comments:						
0:						
Signature of Care Provider (REQUIRED)			Telephone		Care Provider office stamp (REQUIRED)	
					_	
Address			Date Signed			
			1			