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 FIRST M.I.	BIRTH DATE - MO/DAY/YR	PID#
NAME OF SCHOOL	GRADE	ROOM
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 NOT PERMITTED.**

☐ VIGOROUS		☐ MODERATE (CALISTHENICS & GENERAL EXERCISES REQUIRING MODERATE RUNNING AND MUSCULAR EFFORT)		☐ MILD (I.E. WALKING OR MOVEMENT OF ARMS, NECK & TRUNK)	
☐ RUNNING	☐ SOCCER	☐ YOGA	☐ MEDICINE BALL	☐ WALKING - INDOOR	☐ TABLE TENNIS
☐ JUMPING	☐ BASKETBALL	☐ DANCE	☐ LOW ORGANIZED GAMES	☐ OUTDOOR	☐ SHUFFLEBOARD
☐ 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 DA TE OF EXAMINATION_____

☐ MODIFICATION REQUESTED FOR _____ WEEKS

Comments:

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
Address	Date Signed	