



Physical Education Modifications for Injury or Illness

To parent and/or health care provider of (student) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The school district recently received a request to exempt the above-named student from physical education (PE) for reasons of injury or illness. Under California Education Code, Section 51241, exemption from Physical Education may be granted temporarily for an ill or injured student only if "a modified program to meet the needs of the pupil cannot be provided."

To comply with California state law, this district cannot completely exempt a student from physical education until it is established that PE modifications cannot be safely provided. To do so, district health and PE personnel must understand the nature of a student's illness or injury, as explained by the student's licensed health care provider.

Please note that:

- o A physician's note is necessary, but may be insufficient, to completely excuse a student from PE if the note does not adequately explain how a modified PE program is inappropriate or unsafe.
o Adaptive or modified PE programs may safely accommodate a student who well enough to otherwise attend school.

This form may be used by the managing licensed healthcare provider to describe the medical/orthopedic condition or injury. Return form school staff at the fax number listed below:

Date of injury or onset of illness: \_\_\_/\_\_\_/\_\_\_

Diagnosis or condition(s) limiting activity: \_\_\_\_\_

Anticipated duration of limitation in days (or date full PE participation is permitted): \_\_\_\_\_

Checked selections below indicate that student may participate in the activity, modified at the discretion of school staff).

THE STUDENT IS ABLE TO PARTICIPATE IN:

- Classroom activity (e.g., written assignments related to physical education topics)
Aerobic exercise as tolerated (e.g., no specific cardiopulmonary restrictions)
Vigorous lower extremity exercise (e.g. running, jumping, kicking, jogging)
Light lower extremity exercise (e.g. walking, stationary bike)
Upper extremity exercise/weight bearing (e.g. lifting, throwing)
Contact sports (i.e. no recent concussion; no higher risk for solid organ injury)
Stretching and flexibility exercises (indicate if any upper body, lower body restrictions):
All strength exercise (indicate if any limitations to upper body, lower body)
Activity requiring change of dress (if not, describe medical reasons):

Specific restriction:

- Student is wearing cast: No playground or sandbox; keep cast dry;
Other

Health Professional (printed name) Signature Date CA License No. Telephone #

Student's healthcare provider may reach this school staff member to explore PE modifications or discuss limitations:

School staff member to contact Telephone number Best days/hours to reach Fax number