

**JONATHAN ALDER SCHOOL DISTRICT
MEDICAL EXCUSE FROM PHYSICAL EDUCATION**

NAME _____ SCHOOL _____

ADDRESS _____

To The Attending Physician,

The school has received a request that your patient, _____, be excused from physical exercise. Physical Education is a required course in the curriculum. Therefore, participation is mandatory in order to receive credit. To avoid loss of credit in the course, will you please complete the form below and, if possible, suggest a modified program for the student? Your attention in this matter will be of great assistance to the instructor and will benefit the parent/guardian as well.

PHYSICAL EDUCATION INSTRUCTOR

BUILDING PRINCIPAL

DATE

ACTIVITIES (Cross out activities not considered appropriate for pupil.)

Aerobics	Fitness Testing	Rope Jumping	Tumbling
Archery	Football (Touch)	Running (Specify)	Volleyball
Badminton	Golf	Self Defense	Walking
Basic Movement	Gymnastics	Shuffleboard	Weight Training
Basketball	Hockey	Soccer	Wrestling
Bowling	Horseshoe Pitching	Softball	Others: (Specify)
Calisthenics	Leisure Activities	Tennis	_____
Dance	Ping Pong	Track & Field	_____

Nature of disability and reason for restriction _____

Duration of excuse _____

Other suggested activities _____

PRINTED NAME OF DOCTOR

SIGNATURE OF DOCTOR

PHONE NUMBER

DATE