



Exemption (>10 days) from Physical Education for Injury or Illness

To parent and/or health care provider of:
(Student) _____ Date of Birth: _____ School: _____

We recently received a request to exempt this student from physical education (PE) for reasons of injury or illness. Under California Education Code, Section 51241, exemption from PE 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 PE 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:

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

This student's prescribing physician can use this form to describe to our school the student's medical condition or injury. Direct this form or communication to the school staff member contact (written below).

Date of injury or illness onset: ____/____/_____
Diagnosis or condition limiting activity: _____

Anticipated duration of limitation: _____

Specific limitations to activity: *(unchecked selections denote student may participate in the activity, modified at the discretion of school staff)*. THE STUDENT SHOULD NOT PARTICIPATE IN:

- Aerobic exercise (i.e. due to cardiopulmonary restrictions)
- Vigorous lower extremity exercise (e.g. running, jumping, kicking)
- Light lower extremity exercise (e.g. walking, stationary bike)
- Upper extremity exercise/weight bearing (e.g. lifting, throwing)
- Written assignments, related to physical education; Reason: _____
- Contact sports (i.e. due to concussion or risk of solid organ injury)
- Activity requiring change of dress (describe medical reasons): _____
- Stretching
- Other (specific limitation, please describe): _____

Health care provider (printed name) Signature CA License No.

Date signed Health Care Provider's Telephone Number

To reach the school with this information, contact:

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