

PUBLIC SCHOOLS OF EDISON TOWNSHIP  
EDISON, NEW JERSEY 08837  
HEALTH SERVICES

**MEDICAL EXCUSE FORM**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade/Homeroom: \_\_\_\_\_

Physical Education Instructor: \_\_\_\_\_

Short-term or Chronic Health Condition: \_\_\_\_\_

**TO THE ATTENDING HEALTHCARE PROVIDER:** It is desirable to keep all students in contact with regular physical education classes where possible. The class period allows approximately 20 minutes for activity daily.

Recommendations, accommodations, or restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Specific date student may return to all physical education, sports, and intramural activities:  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate activities, if any, in which your patient **SHOULD NOT PARTICIPATE.**

- |  |   |  |
|--|---|--|
| I. <input type="checkbox"/> Aerobics     | <input type="checkbox"/> Paddleball         | <input type="checkbox"/> Team Handball   |
| <input type="checkbox"/> Badminton       | <input type="checkbox"/> Touch or Flag      | <input type="checkbox"/> Tennis          |
| <input type="checkbox"/> Basketball      | <input type="checkbox"/> Football           | <input type="checkbox"/> Walking         |
| <input type="checkbox"/> Brisk Walking   | * <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Regular Speed   |
| <input type="checkbox"/> Dance           | <input type="checkbox"/> Volleyball         | <input type="checkbox"/> Warm-up Act.    |
| <input type="checkbox"/> Floor Hockey    | <input type="checkbox"/> Recreational Games | <input type="checkbox"/> (Calisthenics)  |
| <input type="checkbox"/> Frisbee         | <input type="checkbox"/> Running            | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Golf            | <input type="checkbox"/> Soccer             |  |
| <input type="checkbox"/> Jogging         | <input type="checkbox"/> Softball           |  |
| <input type="checkbox"/> Mass Activities | <input type="checkbox"/> Speedball          |  |
| (e.g. Crab Soccer,<br>Cageball)          | <input type="checkbox"/> Table Tennis       |  |

\* The physical fitness course is a controlled interval running and calisthenics program. Our cardiovascular days start with 3 minutes of running with a goal of 12 minutes without stopping. The alternate activities are strength or aerobic exercise days.

II.  Omit all **indoor** activities.

III.  Omit all **outdoor** activities.

Other recommendations or restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of healthcare provider

\_\_\_\_\_  
Phone number