

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

MEDICAL EXCUSE FORM

Student: _____ Date: _____

School: _____ Grade: _____

Physical Education Instructor: _____

Diagnosis: _____

TO THE ATTENDING PHYSICIAN: 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. Please indicate any or all activities in which your patient would be able to participate.

HEALTH CONDITION: _____

Please check one:

____ **Omit all participation in physical activity.**

____ **No long distance running**

____ **Light physical activity is permitted.**

Developmental games
Badminton

Recreational activities
Archery

____ **Moderate physical activity is permitted.**

Badminton
Dance
Correlated activities (active)
Volleyball

Games (active)
Tennis
Whittle equipment (strength, balance, climbing)

____ **Strenuous physical activity is permitted.**

Physical fitness
Aerobics
Wrestling
Touch or flag football
Weight training

Field and track
Speedball
Floor Hockey
Ultimate Frisbee
Gymnastics

Jogging
Mile Run
Repeat Sprints
Jumping Rope
Relay Goal Keeper

Aerobic Activities
Basketball
Soccer
Softball

____ **Rehabilitative Physical Education as prescribed by MD**

Other recommendations or restrictions: _____

Signature of Physician

Name of Physician

Date

Address of physician

Telephone Number