

PUBLIC SCHOOLS OF EDISON TOWNSHIP
HEALTH SERVICES

MEDICAL EXCUSE FORM

Student: _____ Date: _____

School: _____ Grade: _____

Physical Education Instructor: _____

Short-term or Chronic Health Condition: _____

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.

Please check one:

_____ **Omit all participation in physical activity until (date)** _____.

_____ **Light physical activity is permitted until (date)** _____..

Correlated activities (quiet)
Bowling
Games (quiet)

Movement exploration
Perceptual-motor development
Rhythms and dance (low impact)

_____ **Moderate physical activity is permitted until (date)** _____ .

Archery
Correlated activities (active)
Games (active)
Gymnastics

Tennis
Whittle equipment (strength, balance, climbing)

_____ **Strenuous physical activity is permitted (no restrictions).**

Physical Fitness
Basketball
Soccer
Softball
Field and track
Volleyball

Games
Floor Hockey
Rope jumping
Touch or flag football
Rhythms and dance
Stunts and tumbling

Other recommendations, accommodations, or restrictions: _____

Signature of Physician

Name of Physician

Date

Address of physician

Telephone Number