

# CICERO PUBLIC SCHOOLS

5110 WEST 24th STREET

CICERO, ILLINOIS 60804

Tel. (708) 863-4856  
Fax (708) 863-1065

COOK COUNTY, ILLINOIS, SCHOOL DISTRICT



## MODIFIED PHYSICAL EDUCATION REQUEST

To: Family Physician

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Room: \_\_\_\_\_

This student may benefit from a modified physical education program. Please complete the questions below. I can be contacted at the number listed below if you have any questions. Thank you for your prompt attention to this matter.

\_\_\_\_\_, School Nurse

Telephone: \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_

2. May participate in the physical education program with **no restrictions**.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

3. May participate in the physical education program with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. May return to regular physical education with **no restrictions** on \_\_\_\_\_  
Date

5. Child may return to school on \_\_\_\_\_  
Date

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
MD Printed Name

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Date: \_\_\_\_\_