

**VENTURA UNIFIED SCHOOL DISTRICT**  
Pupil Services/Health Programs

**PHYSICIAN'S REQUEST FOR MODIFIED PHYSICAL EDUCATION**

**Part 1: To be completed by parent/guardian** Date \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

School/Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

*(Parent/Guardian)*

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

*By signing this document, parent agrees to allow communication by the school nurse with the undersigned physician regarding this request for modification*

**Part 2: To be completed by attending physician**

In order to establish an appropriate physical education placement for the above named student, please indicate the appropriate activities given this student's health concerns.

**Diagnosis:** \_\_\_\_\_

**Able to dress in PE clothes and participate as indicated below:**

Types of Movements	No Restrictions	Approved with Modifications Noted	Comments/Modifications
• Bending			
• Jumping			
• Lifting			
• Pulling			
• Pushing			
• Stretching			
• Walking			
• Running			
• Jogging			
• Hopping			
• Skipping			
• Throwing			
• Kicking			
• Sit ups/Abdominal Crunches			
• Hanging			

*continued on reverse side*

Sports/Activities	No Restrictions	Approved with Modifications Noted	Comments/Modifications
• Climbing			
• Twisting			
• Basketball			
• Floor Hockey			
• Flag Football			
• Soccer and Speedball			
• Aerobic Dance			
• Badminton			
• Baseball/Softball			
• Martial Arts			
• Frisbee			
• Golf			
• Calisthenics			
• Swimming			
• Tennis			
• Tumbling			
• Volleyball			
• Weight Lifting			

Is there anything else the health staff and physical education staff should be aware of to best meet the activity needs of this student: \_\_\_\_\_

\_\_\_\_\_

Dates of modification: From: \_\_\_\_\_ To: \_\_\_\_\_

Completed by: \_\_\_\_\_

Physician's Name (print)

Physician's Signature

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

*Your support is appreciated*

Mail or Fax to: \_\_\_\_\_ Fax: \_\_\_\_\_

Attention: School Nurse  
 Address: \_\_\_\_\_  
 \_\_\_\_\_