



# SANTA CLARA UNIFIED SCHOOL DISTRICT

## HEALTH CARE PROVIDER Physical Education MODIFICATIONS

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

### To the Health Care Provider:

California Education Code states: "All pupils, except pupils excused or exempted pursuant to Section 51241, shall be required to attend upon the courses of physical education for a total period of time of.."

**Grades 1st- 6th:** "not less than 200 minutes each 10 schooldays.." (EC Section 51210[a][7])

Our Physical Education department is requesting your guidance on physical activity permitted for your patient to participate in his/her Physical Education class.

### Health Care Provider - Please complete this section.

1. Patient's Injury/Limitation:

\_\_\_\_\_

2. What activities are ALLOWED for patient to do during Physical Education class?

\_\_\_\_\_

\_\_\_\_\_

**Walking:**  Brisk <16:00 mile pace  16:00 mile pace **Light Jog:**  13:00 mile pace

3. Duration (Dates): \_\_\_\_\_

Health Care Provider Signature/Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

***Student: Turn this form into the Office.***

### School Use Only:

\_\_\_\_\_ Step 1: Date form received in the Office

\_\_\_\_\_ Step 2: Date form received by Physical Education Teacher