



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])

Grades 7th-12th: "not less than 400 minutes each 10 schooldays" (EC Section 51222[a])

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 to earn Physical Education credit?

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 Health Office.

School Use Only:

_____ Step 1: Date form received in the Health Office

_____ Step 2: Date form received by Physical Education Teacher