



Turlock Unified School District

SCHOOL NOTE FOR PHYSICAL EDUCATION

Patient Name: _____

DOB: _____

Patient was seen by MD on _____

Next scheduled clinic appointment _____ at _____

We Recommend:

Regular physical education without restrictions

Modified physical education until: _____

Check all that apply:

No running

No sit-ups

No pull-ups

No jumping

No swimming

No lifting weights

No twisting

No contact sports

No squats

No push-ups

No physical education **at all** until: _____

Must wear splint/cast/brace (orthotic) but can otherwise participate

Physician verification: _____

(Physician's Signature and Printed Name here)

_____ (Date)

Physician's address: _____

Please attach business card here:

Attach doctor's business card here