



**RYE CITY SCHOOL DISTRICT
HEALTH CARE SERVICES**

STUDENT HEALTH RESTRICTION/INJURY FORM

Any student/athlete with an injury/condition/illness requiring the intervention of a physician needs to provide the Health Office with the following medical documentation:

Student's Name: _____ DOB: ___/___/___ Date of Exam: ___/___/___

Diagnosis: _____

- This student is physically qualified to participate in all Physical Education activities and supervised sports.

- This student is able to participate in all Physical Education activities and supervised sports with the following restrictions: (Describe) _____

- This student is physically unable to participate in all Physical Education activities and supervised sports until further notice.

Physician's Signature & Stamp

Date