



Oceanside Unified School District
**MEDICAL EXCUSE FORM
FROM PHYSICAL EDUCATION**

Date: _____

Student Name: _____ School: _____ Grade: _____

Doctor: Please specify modifications that your patient CAN participate in Physical Education class.

Status:

___ Student is to refrain from ALL Physical Education activities. Date released: _____

___ No excuse indicated: Student should participate in Physical Education class.

___ Student may participate on a limited basis as indicated below.

Students may participate in the following physical activities:

I. Aerobic

___ Running

___ Jumping

___ Walking

___ Stationary Bike

___ Low-Impact Aerobic Dance

___ Surfing

II. Muscular Skeletal

A. Upper Body

___ Body Weight Activities (Push-Up's, Plank, Abdominal exercises)

___ Resistance Strength Training (Free Weights, Machine Weights)

___ Flexibility Stretching

B. Lower Body

___ Body Weight Activities (Squats, Lunges, Plank, Abdominal exercises)

___ Resistance Strength Training (Free Weights, Machine Weights)

___ Flexibility Stretching

C. Team Sport Modification

___ Modified skill practice (throwing, catching, kicking with no contact)

Additional modifications not listed above:

Office Stamp:

Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Physical Education Teacher is to place this completed form in the student's permanent record file.