



**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