

PHYSICIAN REQUEST FOR PHYSICAL EDUCATION MODIFICATION

No student can be exempt from meeting the PE graduation requirement. Students who cannot participate in any physical education shall take PE another semester. GHC offers modified PE for students with temporary disabilities and adaptive PE for students with permanent disabilities.

Student Name _____ **ID** _____ **DOB** _____

Type of Injury _____

Medical Devices Circle the medical device student can use: Crutches Ace bandage Scooter Boot Brace
Cast Suture Splint Sling Cane Walker Other (Specify) _____
How long will the student need to use the mobility device? _____

Is the student able to participate in modified Physical Education? Please circle one Yes No

Please circle the activities in which the student MAY participate while enrolled in Modified Physical Education.

Lower Extremity Exercises:

- Running
- Walking
- Jumping
- Squatting
- Stretching
- Bending
- Weight Lifting
- Other (Specify) _____

Upper Extremity Exercises:

- Overhand Throw
- Underhand Throw
- Pull Up
- Reaching
- Stretching
- Bending
- Weight Lifting
- Other (Specify) _____

How long will student need to participate in modified Physical Education? _____

If the student CANNOT participate in modified Physical Education, please indicate length of time the student cannot participate _____

Physician Signature _____

Physician Name _____

Date _____

MEDICAL OFFICE STAMP (Required)