

Instruction

E 6142.7

**SAN MATEO UNION HIGH SCHOOL DISTRICT
PHYSICAL EDUCATION MEDICAL EXEMPT FORM**



School name: _____

School address: _____

PART 1: TO BE COMPLETED BY THE PARENT/GUARDIAN	
Student Name:	Date:
Address:	Home Phone:
School:	DOB:
Physician's Name:	Phone:
I give my permission to the SMUHSD to confidentially and discreetly use the content of this form to plan my student's Physical Education Program.	
Parent/Guardian Signature:	Date:

PART 2: TO BE COMPLETED BY THE PHYSICIAN	
Medical diagnosis:	
Duration of the condition is: <ul style="list-style-type: none">• Short Term• Long Term• Permanent	The condition is: <ul style="list-style-type: none">• Progressive• Non-progressive
Date student may return to unrestricted activity:	Date student will be reexamined:
Functional capacity: <ul style="list-style-type: none">• Unrestricted (no restriction on contact or intensity)• Mild restriction (only avoid vigorous activities)• Moderate restriction (limits sustained, strenuous activities)• Severe restriction (limits are severe)	

PART 3: TO BE COMPLETED BY THE PHYSICIAN

Check all activities that you consider to be appropriate for the student to participate in. Remember all activities will be modified for student's ability level.

- Step Aerobics
- Power walk (4 min laps)
- Running (jogging/sprinting)
- Swimming
- Curl Ups
- Free Weights (light)
- Pull Ups
- Weight Machines
- Push Ups
- Individual sports/games
- Team sports/games
- Tumbling

Additional recommendations for modification?

Signature of Authorized Health Care Provider:

Date: _____

Health Care Provider Address Stamp (required):

This form is to be turned in to the school Health Office.