

OAKLAND PUBLIC SCHOOLS  
OAKLAND, NEWJERSEY

PHYSICAL EDUCATION EXEMPTION

Physician's report and request (or modified program or excuse from physical education (beyond a one week period).

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis \_\_\_\_\_

Can student participate in a modified physical education program? Yes No

A modified program to exclude (please indicate activities):

- |                             |  |
|-----------------------------|--|
| Aerobics                    | Large group games                      |
| Archery                     | Movement activities                    |
| Badminton                   | Obstacle course                        |
| Balancing activities        | Physical fitness testing               |
| Basketball                  | Racquetball                            |
| Chasing & fleeing games     | Rhythms & Dance                        |
| Conditioning activities     | Soccer                                 |
| Coordination activities     | Softball                               |
| Cross country running _____ | Speedball                              |
| Field hockey                | Striking activities & games            |
| Flag football               | Stunts                                 |
| Floor hockey                | Table tennis                           |
| Gymnastic apparatus         | Throwing & catching activities & games |
| Gym scooter activities      | Track & Field                          |
| Individual & partner games  | Tumbling                               |
| Kicking activities & games  | Volleyball                             |

If a student must be excluded from any of the above activities, please suggest exercises and activities that may be performed in their place. **(Please be specific when prescribing exercises and activities)** \* Please note: any student with a cast/brace to any body part shall be excluded until reevaluation by his/her physician.

Guidelines/Recommendations• \_\_\_\_\_

Modified program until• \_\_\_\_\_ Excused until• \_\_\_\_\_

Physician's signature/Stamp• \_\_\_\_\_