



**RYE CITY SCHOOL DISTRICT
Health Care Services**

STUDENT HEALTH RESTRICTION ILLNESS/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: (please list below)

This student is physically unable to participate in all Physical Education activities and supervised sports until the following date: _____

Does this student require accommodations? Circle: YES or NO
If yes, please list:

Physician's Signature & Stamp

Date