

School Phone \_\_\_\_\_  
School Fax \_\_\_\_\_

## Modified Physical Education or Daily Recess Restrictions

This form should be completed so that a student with a medical disability or injury may participate in physical education (PE), as required by California Education Code, or may participate in daily student recess. (California Education Codes 51206, 51210, 51211, 51220, 51223)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Name: \_\_\_\_\_

Diagnosis/Surgery: \_\_\_\_\_

Choose an appropriate PE program, or activity level:

- ☐ Regular physical education program, or activity level, (No modification required).
- ☐ Exemption\* from physical education (student cannot safely participate in any PE). *Note: California requires 2 years of PE for High School graduation.*
- ☐ May participate in physical education, or recess, with the following restrictions:  
(Please give a brief description and check appropriate boxes. Include any limits set on activities for safety or medical reasons.)

Complete one of the following:

### A. MAY PARTICIPATE IN THE FOLLOWING SPORTS:

☐ Baseball ☐ Basketball ☐ Football ☐ Golf ☐ Running ☐ Soccer ☐ Softball ☐ Swimming ☐ Tennis ☐ Volleyball ☐ \_\_\_\_\_

### B. ACTIVITY RECOMMENDATIONS (Please check where appropriate and add comments if applicable)

| TYPE OF ACTIVITY | OMIT | MILD | MODERATE | UNLIMITED | COMMENTS |
|------------------|------|------|----------|-----------|----------|
| Aerobic          |      |      |          |           |          |
| Bending          |      |      |          |           |          |
| Catching         |      |      |          |           |          |
| Climbing         |      |      |          |           |          |
| Hanging          |      |      |          |           |          |
| Jumping          |      |      |          |           |          |
| Kicking          |      |      |          |           |          |
| Lifting          |      |      |          |           |          |
| Pulling          |      |      |          |           |          |
| Pushing          |      |      |          |           |          |
| Running          |      |      |          |           |          |
| Squatting        |      |      |          |           |          |
| Stretching       |      |      |          |           |          |
| Throwing         |      |      |          |           |          |
| Twisting         |      |      |          |           |          |
| Walking          |      |      |          |           |          |

Above restrictions / limitations are for dates: ☐ \_\_\_\_\_ to \_\_\_\_\_ OR ☐ One Semester OR ☐ Until the end of the school year

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

I give permission to contact the physician for consultation and exchange of information as needed.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

***This form must be renewed each school year or with any change or modification in physical education or activity restrictions.***

\* California Education Code establishes requirements for physical education at all levels. In addition, California Education Code provides for Temporary or Permanent Exemption from Physical Education for medical reasons. (California Education Codes 51241, 51246)