

SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Pre-school

Physician's Recommendation

This certifies that I have examined _____, a student in Pre-School, and that because of _____

(diagnosis)

the physical education program should be modified as indicated for the following period of time:

from _____ to _____.

Please check, as appropriate:

1. **REGULAR ACTIVITY:** This student can participate in all activities, but should avoid overexertion. _____Yes _____No

2. **LIMITED ACTIVITY:** Please check those activities in which he/she should **NOT** engage.

- | | | |
|---------------|---------------------------------|----------------------------------|
| _____sliding | _____climbing equipment | _____sandbox play |
| _____running | _____completing obstacle course | _____parachute activities |
| _____vaulting | _____jump rope | _____riding bicycles |
| _____bowling | _____animal walks | _____riding tricycles |
| _____jumping | _____frisbees/catching games | _____riding scooters |
| _____hopping | _____bean bags | _____riding wagons |
| _____skipping | _____tag | _____painting with large brushes |

EQUIPMENT USED DURING RECESS:

- | | |
|---------------------------------|---------------------|
| _____tire and rope swings | _____tires |
| _____scooter boards | _____rocking boat |
| _____balls | _____teeter totter |
| _____portable aluminum gym sets | _____balance boards |
| _____parallel and climbing bars | _____hoola hoops |
| _____tetherball | _____tarzan rope |
| _____revolving swivel tire | _____softball |
| _____basketball hoop | |

3. **NO PHYSICAL EDUCATION:**

This student cannot participate in any active physical education. May child sit on bench outside? _____Yes _____No

Please note: There is no indoor provision or supervision available for the children unable to participate in outdoor activities.

Physicians Signature/ Stamp: _____ M.D.

Address _____ Phone# _____ Date: ____/____/____

SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT
398 B Street, South San Francisco, CA 94080
(650) 877-8700 / FAX: (650) 583-4717

Physical Education – Grade: K, 1, 2, 3, 4, 5 (circle grade)

Physician's Recommendation

This certifies that I have examined _____, a student in _____ School, and because of: _____ (diagnosis) the Physical Education program should be modified as indicated for the following period of time: _____ to _____.

Please check as appropriate.

_____ 1. **REGULAR ACTIVITY:** This student can participate in all activities, but should avoid overexertion.

_____ 2. **LIMITED ACTIVITY:** Please check those activities in which he/she should **Not** engage.

- | | | | |
|------------------|---------------------------------|------------------------|------------------------|
| _____ Basketball | _____ Jump Rope | _____ Rhythmic Dancing | _____ Low Balance Beam |
| _____ Dodge Ball | _____ Hopscotch | _____ Folk Dancing | _____ Parallel Bars |
| _____ Football | _____ Swings | _____ Four Square | _____ Jumping |
| _____ Kickball | _____ Push Ups | _____ Social Dancing | _____ Skipping |
| _____ Softball | _____ Slides | _____ Climbing Bars | _____ Hopping |
| _____ Tetherball | _____ Track | _____ Tumbling | _____ Volleyball |
| _____ Rings | _____ Competitive Running Games | | |

PHYSICAL FITNESS ACTIVITIES FOR GRADES 4-5

Weekly P.E. Exercises

- | | |
|---------------------------------|---------------------------|
| _____ Standing Broad Jumps | _____ *Long Jumps |
| _____ Competitive Running Games | _____ Warm Ups |
| _____ 100 Yard Dash | _____ *Pull Ups |
| _____ 300 Yard Run | _____ *Sit Ups |
| _____ 600 Yard Run | _____ Push Ups |
| _____ Laps in 12 Minutes | _____ *8 Second Sidesteps |
| _____ Daily Jog Walk | _____ *6 Minute Jog Walk |

Organized Games for Skill Building

- | | | | |
|------------------|-------------------|----------------------|--------------------------|
| _____ Football | _____ Dodge Ball | _____ Jumping | _____ Low Balance Beam |
| _____ Basketball | _____ Hopping | _____ Rings | _____ Hoopla Kickhole |
| _____ Kickball | _____ Volleyball | _____ Skipping | _____ Parallel Bars |
| _____ Softball | _____ Tetherball | _____ Climbing Poles | _____ Bars and Equipment |
| _____ Trenchball | _____ Four Square | | |

_____ 3. **NO PHYSICAL EDUCATION:** This student cannot participate in any physical education but may be enrolled in class to learn as much as possible.

Physicians Signature/ Stamp: _____ M.D.
Address _____ Phone# _____ Date: ____ / ____ / ____.

This medical excuse is good for one school year only, and must be renewed.
*Physical Fitness Testing Grade 5

SOUTH SAN FRANCISCO MIDDLE SCHOOLS

Physical Education Physical Education Department – Grade: 6, 7, 8 (please circle grade)

• Physician's Recommendation

This certifies that I have examined _____ and that because of:

I recommend the following:

1. Regular Activities _____. If there are exceptions, please check the activities in which this student is **NOT** able to participate.

- Badminton, Basketball, Square/Folk Dance, Gymnastics, Social Dance, Modern Dance, Soccer, Softball, Speedball, Physical Fitness Tests, Weight Training, Peg Board, Rope Climbing, Touch Football, Track, Tumbling, Volleyball, Wrestling, Relays, Warm-up Exercises, Outdoor Climbing Apparatus, Recreational Games

2. Modified Activities _____. Please recommend any activities which might improve the physical condition of the student.

3. If this student can participate in all activities but should avoid overexertion, please check here: _____

4. No physical education: _____

This period of restriction is to be from _____ to _____.

5. Can participate in interscholastic sports; _____

Physicians Signature/ Stamp: _____ M.D.

Address _____ Phone# _____ Date: / /

**SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT
PHYSICAL EDUCATION - GRADES 9 - 12
PHYSICIAN'S RECOMMENDATION**

By State Code all pupils are required to participate daily in the school's physical education program unless officially excused. Temporary exemption may be granted only if the school does not provide a modified physical education program. Sections 8160 and 8162 of the State Education Code: Article 20.1, Section 194, Administration Code Title 5.

Student _____ School _____ Date _____

Diagnosis _____

Moderate - In the judgment of the teacher, the activity will be suited to the ability of the student. In no way does moderate mean strenuous.

<u>Activities</u>	<u>Program Adaptability</u>			
cycling	_____ full participation	_____ moderate	_____ omit	_____ allow to rest as needed
croquet/shuffle board	_____ full participation	_____ moderate	_____ omit	
archery	_____ full participation	_____ moderate	_____ omit	
fencing	_____ full participation	_____ moderate	_____ omit	_____ avoid over-extension of hip
				_____ omit knee flexibility not less than 120 degrees
Resistive Exercises	_____ full participation	_____ moderate	_____ omit	_____ limit resistance
	to surgical tubing			

only

Controlled Hypertrophy Omit Joint Activity

_____ shoulder girdle	_____ knee
_____ abdominal	_____ elbow
_____ hamstrings	_____ lower back
_____ lumbar	_____ hip
_____ quadriceps	_____ shoulder
_____ deltoid	

volleyball	_____ full participation	_____ moderate	_____ omit	
physical fitness	_____ full participation	_____ moderate	_____ omit	_____ no running or jumping
dance	_____ full participation	_____ moderate	_____ omit	
track	_____ full participation	_____ moderate	_____ omit	
bowling	_____ full participation	_____ moderate	_____ omit	
badminton	_____ full participation	_____ moderate	_____ omit	_____ controlled movement
swimming	_____ full participation	_____ moderate	_____ omit	
tennis	_____ full participation	_____ moderate	_____ omit	_____ controlled movement
golf	_____ full participation	_____ moderate	_____ omit	
jogging	_____ full participation	_____ moderate	_____ omit	_____ allow student to set pace, duration, and recovery period
softball variations	_____ full participation	_____ moderate	_____ omit	_____ no running _____ no strenuous throwing
basketball variations	_____ full participation	_____ moderate	_____ omit	_____ no running

Aerobics

gymnastics	_____ full participation	_____ moderate	_____ omit	
yoga	_____ full participation	_____ moderate	_____ omit	
relays	_____ full participation	_____ moderate	_____ omit	
weight training	_____ full participation	_____ moderate	_____ omit	
field hockey	_____ full participation	_____ moderate	_____ omit	
speedball	_____ full participation	_____ moderate	_____ omit	
rhythm	_____ full participation	_____ moderate	_____ omit	
diving	_____ full participation	_____ moderate	_____ omit	
team handball	_____ full participation	_____ moderate	_____ omit	
soccer	_____ full participation	_____ moderate	_____ omit	
tumbling	_____ full participation	_____ moderate	_____ omit	
touch football	_____ full participation	_____ moderate	_____ omit	_____ no running

Prescription Exercises

_____ weight control	_____ lordosis	_____ scoliosis	_____ Rt/Lt	_____ hypertrophy
_____ quadriceps	_____ hamstrings	_____ deltoid	_____ respiration	

Effective from _____ to _____ No P.E.

Physician's Signature _____ Address _____ Phone _____

Date: _____

Description of exercises: To aid student in his/her recovery, please elaborate.