**Clark County School District**



# PHYSICAL ACTIVITY MEDICAL REPORT FORM

Physical education/activity is an integral part of the total educational process. The Nevada Department of Education requires that students participate in physical education in order to graduate. The only exemption to this requirement applies to students whose participation, in the opinion of a physician, would jeopardize their health and physical well being.

## MODIFICATIONS/EXEMPTIONS FROM PHYSICAL EDUCATION/RECESS

An excuse or exemption from physical activity is used in cases of health conditions which preclude the student's full participation in physical activity. A new Physical Activity Medical Report Form must be completed by a licensed health care provider **each school year** the student is to retain his/her exempt status or modified status. **The parent/guardian is responsible for providing any protective gear.**

**STUDENT'S NAME:** _____ **DATE OF BIRTH:** _____

**SCHOOL:** _____ **GRADE/TRACK:** _____ **ID#** _____

***LICENSED HEALTH CARE PROVIDER TO COMPLETE NUMBERS 1, 2, 3 AND 4***

1. **Diagnosis** _____

   Justification for exemption/modification:

2. **Physical Education**

   ☐ No modification necessary.

   ☐ Modifications needed. Beginning date _____ Ending date _____

   Specify modifications

   ☐ Exempt entirely from P.E. Beginning date _____ Ending date _____

3. **Recess**

   ☐ No modifications necessary.

   ☐ Modifications needed. Beginning date _____ Ending date _____

   Specify modifications

   ☐ Exempt entirely from recess. Beginning date _____ Ending date _____

4. **Protective gear needed:** Yes ☐ No ☐ Type _____

   Indications for use:

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| **Licensed Health Care Provider Signature** | **Licensed Health Care Provider (Print)** | **Phone** | **Date** |

110 Original/White: School Nurse/Secondary Counselor 2nd Copy/Yellow: P.E. Teacher 3rd Copy/Pink: Teacher

**RETURN COMPLETED FORM TO SCHOOL NURSE/COUNSELOR**

CCSD CLARK COUNTY SCHOOL DISTRICT