



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