San Bernardino County Superintendent of Schools

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)