



# Student Health Services

School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Physical Education Medical Notice

**\*Senate Bill 601 and California Education Code 33352 require all students participate in physical education courses in grades 7-12. Students will NOT be exempt from this requirement under any circumstances. However, students with health issues will be offered a modified or adaptive physical education program to meet this requirement. Please check those activities the student may participate in. Please contact the school nurse if you have any questions.**

To Physical Education Teacher,

\_\_\_\_\_ (name & date of birth) was seen in my office

\_\_\_\_\_ (date) for the following reason (brief description of the problem) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student **MAY** participate in the following activities (check all that apply).

- Walk
- Jog/Walk
- Run
- All flexibility exercises. Indicate if limited to upper body, lower body, or other \_\_\_\_\_
- All strength exercises. Indicate if limited to upper body, lower body, or other \_\_\_\_\_
- Contact sports activity
- Full sun exposure

Student is released to full PE participation as of \_\_\_\_\_

Provider Name (please print) \_\_\_\_\_

Provider Signature \_\_\_\_\_ Phone: \_\_\_\_\_

Date \_\_\_\_\_

*Please attach a copy of the medical note to this form.*

Copy to School Health Office \_\_\_\_\_

Date \_\_\_\_\_