

Clovis Unified School District

Excuse from Physical Education/Sports

Students who need to be excused from full participation in P.E. longer than 3 calendar days need to have a medical provider excuse.

PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO YOUR CHILDS SCHOOL

Student: _____

Date: _____

Diagnosis or reason for exclusion from P.E. Participation:

Please excuse the above student from _____ to _____

The student should remain with the restrictions below until (please check one):

- After the above date, when the student may return to full P.E. participation
- After a follow-up visit at which time I will determine the date of return.
- After evaluation by a specialist who will determine the date of return and further participation.

P.E. Restrictions/Adaptations: Student may:

- Do stretching and strengthening exercises
- Participate in activities which do not use: _____
- Limited or non- strenuous activities
- Weight-lifting limited to: _____ - lbs with _____ (body part)
- Not participate in PE at all (full exclusion)
- Other _____

Medical Provider Signature: _____

Date: _____

Review by School Nurse

Date