PHYSICAL EDUCATION MODIFICATION REQUEST

California Education Code section 51210(g) requires all elementary students to participate in physical education (P.E.) for a total of 200 minutes each 10 school days. Education Code section 51222 requires all secondary students to participate P.E. for a total of 400 minutes each 10 school days. California Education Code section 51241 states “The Board of a school district … may grant a temporary exemption to a pupil from courses in physical education, if the pupil is ill or injured and a modified program to meet the needs of the pupil cannot be provided.”

Section A: Student Information

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<tr>
<th>NAME OF STUDENT</th>
<th>DATE OF BIRTH</th>
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<tr>
<th>NAME OF SCHOOL SITE STUDENT ATTENDS</th>
<th>TEACHER/PHYSICAL EDUCATION TEACHER</th>
<th>GRADE</th>
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Section B: Request for Information and Parent Consent

Dear Physician: The parent(s) of this student have requested that he/she have limited or modified P.E. activities. Please provide the information requested and return it to the individual designated below so that an appropriate P.E. program can be implemented.

The parent’s signature authorizes the physician to exchange medical information with the District. This form is not valid without Parents’ signature.

Parent/Guardian Signature ___________________________ Date ____________

To be completed by Physician:

1. Student’s Diagnosis: ____________________________________________

2. Activities: Please check below the P.E. activities in which the student CAN participate:
   - □ Running (cardiovascular)
   - □ Calisthenics/warm-up exercise
   - □ Jumping
   - □ Swimming
   - □ Other, please specify: ________________________________________
   - □ Upper Body Workout
   - □ Lower Body Workout
   - □ Non-Contact Sports
   - □ Writing
   - □ Walking
   - □ Stretching
   - □ Contact Sports

3. Please describe necessary modifications to activities (i.e. walk instead of run, sun precautions required):
   ________________________________________________________________

4. Please list specific movements that should/must be avoided:
   ________________________________________________________________

5. Projected End Date for Modification (no longer than one school year):
   ________________________________

PHYSICIAN’S SIGNATURE ___________________________ DATE ____________ PHONE NUMBER ___________________________ Doctor’s Stamp

RETURN TO: SCHOOL SITE ADMINISTRATOR at ___________________________

Revised 10/21/2013