						School Phone	
Modified Physical Education or Daily Recess Restrictions						School Fax	
This form should	be completed so	that a student w	rith a medical disa	bility or injury may	participate in pl	hysical education (PE), as required by California 0, 51211, 51220, 51223)	
Student Name:		Date of Birth:			S	chool Name:	
Diagnosis/Su							
Choose an appr	ropriate PE prog	gram, or activity	level:				
Regular phy	sical education p	rogram, or activit	ty level, (No modit	fication required).			
☐ Exemption*	from physical ed	ucation (student	cannot safely part	icipate in any PE	. Note: California	requires 2 years of PE for High School graduation.	
			ss, with the follow oriate boxes. Inclu		n activities for sat	ety or medical reasons.)	
Complete one o	of the following:						
A. MAY PARTI	CIPATE IN THE	FOLLOWING SI	PORTS:				
Baseball	Basketball F	ootball Golf	Running	SoccerSoftI	oall Swimmi	ng Tennis Volleyball	
B. ACTIVITY R	ECOMMENDAT	IONS (Please ch	eck where approp	oriate and add cor	nments if applica	able)	
TYPE OF ACTIVITY	OMIT	MILD	MODERATE	UNLIMITED		COMMENTS	
Aerobic							
Bending			1				
Catching Climbing							
Hanging							
Jumping							
Kicking							
Lifting							
Pulling							
Pushing							
Running Squatting							
Stretching							
Throwing							
Twisting							
Walking							
Abassa maatmiatiam	/ limitations on	a fan dataa:	4-		D Coo Coo	eroeter OD	
Physician Si	ns / limitations ar	_	to	O	₹ ☐ One Ser	mester <b>OR</b> Until the end of the school year <b>Date:</b>	
•	_					Date.	
Physician Nam	e:						
Address: Phone:							
City: Zip:							
I give permission	n to contact the p	ohysician for cons	sultation and exch	ange of informati	on as needed.		
Signature of Pa	arent or Guardia	nn:			Date:	Phone:	

SBCUSD MIS#\_

This form must be <u>renewed</u> each school year or with any change or modification in physical education or activity restrictions.

<sup>\*</sup> 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)