_____
SCHOOL

_____
ADDRESS

_____
PHONE

FAX NUMBER: **Attention: Health Office**

To the physician of _____ Grade _____ Date _____
Name of Student

The above student has the following health problem or injury:

_____
_____
_____

The student is requesting a physical education excuse and will need the following information completed. Please make sure the length of time is specified. If student has to use crutches, wear braces, or casts, please list in your note.

Thank you.

_____
School Nurse / Health Assistant

PHYSICAL EDUCATION EXCUSE

DATE:_____

Please excuse: _____ because of _____

_____

Recommend physical education activity:

- ☐ **No Activity**
- ☐ **Modified activity**
- ☐ **Regular Activity**
- ☐ **Suit**
- ☐ **Non-Suit**

Length of time _____

☐ **Wearing brace** ☐ **cast** ☐ **splint** ☐ **crutches**

Name of Doctor (Please print) _____ Date:_____

Signature of doctor_____

Phone Number _____

Fax Number _____

Parent/Guardian's signature:_____ Date:_____