



Physical Education Modifications for Injury or Illness

Student's Name _____ Date of Birth: _____

Sweetwater Union High School District recently received a request to exempt the above--named student from physical education (PE) for reasons of injury or illness. Under California Education Code, Section 51241, exemption from Physical Education may be granted temporarily for an ill or injured student only if "a modified program to meet the needs of the pupil cannot be provided."

To comply with California state law, this district cannot completely exempt a student from physical education until it is established that PE modifications cannot be safely provided. To do so, district health and Physical Education personnel must understand the nature of a student's illness or injury, as explained by the student's licensed health care provider.

Please note that:

- A licensed Health Care Provider note is necessary, but may be insufficient, to completely excuse a student from Physical Education if the note does not adequately explain how a modified Physical Education program is inappropriate or unsafe.
• Adaptive or modified Physical Education Programs may safely accommodate a student who is well enough to otherwise attend school.

This form may be used by the managing licensed health care provider to describe the medical/orthopedic condition or injury. Please return form to school staff at the contact listed below.

Date of injury or onset of illness: ___/___/___ Return to full activity (if known): ___/___/___ if not known two weeks maximum (will need another assessment to extend).

Diagnosis or condition limiting activity: _____

THE STUDENT SHOULD NOT PARTICIPATE IN:

- ___ Any P.E. classroom activity (including written assignments)
___ Aerobic exercise (i.e. due to cardiopulmonary restrictions)
___ Vigorous lower extremity exercise (e.g. running, jumping, kicking, jogging)
___ Light lower extremity exercise (e.g. walking, stationary bike)
___ Upper extremity exercise/weight bearing (e.g. lifting, throwing)
___ Contact sports (i.e. due to concussion or risk of solid organ injury)
___ Stretching and flexibility exercises (indicate if upper body, lower body, etc.):
___ All strength exercise (indicate if limited to upper body, lower body, etc.)
___ Activity requiring change of dress (describe medical reasons): _____
___ Other (specific limitation, please describe): _____

Health Care Provider Name _____ Signature _____ CA License No. _____ Telephone # _____
CA Licensed MD/DO/PA/NP
Chiropractor/PT

Student's licensed healthcare provider may reach the school nurse to explore PE modifications or to discuss limitations of the student:

School Nurse _____ Telephone number _____ Email _____ Fax number _____