



N. B. Clements Junior High School

7800 Laurel Spring Road Prince George, VA 23875

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PHYSICAL EDUCATION MEDICAL EXCUSE FORM

Students registered in Prince George County Public schools are required by school law to attend courses of instruction in physical education. The courses can be adapted to meet the needs of an individual student with a medical excuse. This means that a student who is unable to participate fully in their Physical Education program must have activities modified to meet his/her individual needs.

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

Physician Name: _____ Phone: _____

Student Name: _____ Diagnosis: _____

Physical Education Modification Dates: Begin _____, End _____

Please indicate below your recommendations for Physical Education class (check one)

_____ Student should be allowed to participate in all activities without restrictions.

_____ No participation in Physical Education class. If checked, may the student remain in the gym during class time? (**Circle one: YES / NO**)

_____ Partial restrictions, please complete portion below...

THE FOLLOWING IS A GENERAL LIST OF ACTIVITIES INCLUDED IN OUR PHYSICAL EDUCATION PROGRAM. PLEASE INDICATE BY CHECKING THOSE ACTIVITIES IN WHICH THE ABOVE NAMED PATIENT CAN PARTICIPATE:

___ Basketball
 ___ Shooting/Passing/Dribbling activities
 ___ Small sided basketball games

___ Golf
 ___ Driving/Putting activities

___ Flag Football
 ___ Passing/Catching activities
 ___ Flag/Touch Football

___ Floor Hockey
 ___ Stick handling activities
 ___ Goal tending only
 ___ Floor Hockey game for PE

___ Handball with nerfball
 ___ Throwing/Catching activities
 ___ Goalie position
 ___ Sideline position

___ Soccer
 ___ Passing/Dribbling activities
 ___ Regulation game for PE
 ___ Indoor game with nerfball

___ Softball
 ___ Throwing/Catching activities
 ___ Batting/ Field play activities

___ Speedball with nerfball
 ___ Passing/Throwing/Dribbling
 ___ Sideline Position
 ___ Goalie Postion

___ Tennis
 ___ Serving/Returning activities
 ___ Tennis match

___ Volleyball with oversized balls
 ___ Bump/Set/Serve activities

___ Lifetime activities
 ___ Table Tennis (ping pong)
 ___ Bowling

___ Physical Fitness Exercise & Testing
 ___ Curl-ups
 ___ Flexed Arm Hang/Pull-ups
 ___ One Mile Run/Pacer test
 ___ Trunk lift/ Sit and Reach

___ Warm up Activities
 ___ Relay type activities (jog/walk)
 ___ Pushups/Crunches/Stretches
 ___ Jumping Jacks
 ___ Circuit Training/Exercise Stations

___ Line Dancing/Square Dancing

PLEASE COMPLETE THE BACK PORTION OF THIS FORM

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

Please provide any other recommendations or comments in regards to the student's participation in Physical Education. *(Include dates and timelines applicable to their participation.)*

This is to certify that I have examined the above named student on _____ Date(s) and recommend this student as being able to can/cannot/partially participate in activities, as noted on this form, within their Physical Education class. Any recommendations or comments have been noted above.

Physician's Signature

Date

Physician's Printed Name



PARENTS:

In order for your child to be medically excused from Physical Education class, a physician's note must be on file at your child's school. Please return this completed form along with any additional medical information the physician may provide. It is the parent's responsibility to keep the school updated with any changes that may impact their child's participation in Physical Education class.

This is to certify that the above Physical Education form has been read and understood.

Parent's Signature

Date

Parent's PRINTED Name

Contact Number

Parent's Email

SCHOOL NURSE:

School Nurse's Signature of receipt

Date

Physical Education Teacher's Name

Date of Communication with P.E. Teacher