**JEFF TECH**
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# PHYSICIAN'S PHYSICAL EDUCATION REPORT

_____ _____ _____
Student's Name Today's Date Grade

PLEASE CHECK ONE:

( ) COMPLETE EXEMPTION- No exercise. Student is assigned to complete written reports in lieu of activity or is assigned to a study hall.

( ) PARTIAL EXEMPTION- Student remains in physical education class but will participate in limited or alternative activity.

This certifies that I have examined the above student and they were found to be unable to participate in normal physical education class from _____ to _____at which time they:

( ) should return to normal participation.
( ) should return for follow-up examination.

Please check all of the examples of physical activity which you consider appropriate for this student.

MILD
( ) Badminton Practice
( ) Corrective exercise specify below
( ) Throwing catch
( ) Throwing at target
( ) Table Games, i.e. chess
( ) Dress for Class
( ) Bowling with light plastic ball
( ) Walking
( ) OTHER - specify below

MODERATE
( ) Volleyball
( ) Corrective exercise specify below
( ) Softball
( ) Apparatus Balance Beam
( ) Badminton
( ) Rhythmic Exercises
( ) Bowling
( ) Field Events

STRENUOUS
( ) Basketball
( ) Tumbling
( ) Aerobics
( ) Soccer
( ) Relay Races
( ) Badminton Game
( ) Track Events
( ) Jumping Events
( ) Touch Football
( ) Ultimate Frisbee
( ) Jumping Rope
( ) Physical Fitness
( ) 1 Mile Run/Walk
( ) Shuttle Run 60 feet
( ) Sit-ups - bent knee
( ) Sit & Reach - to attain / maintain flexibility in lower back and thighs
( ) Pull-ups

Additional Comments: _____
_____
_____
_____

_____
School Nurse Signature

_____ _____
Physician's Signature Date