



# SAN RAMON VALLEY

## UNIFIED SCHOOL DISTRICT

### Physical Education Modifications for Injury or Illness

To parent and/or health care provider of (student) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The 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 PE personnel must understand the nature of a student's illness or injury, as explained by the student's licensed health care provider.

A physician's note is necessary but may be insufficient to completely excuse a student from PE, if the note does not adequately explain how a modified PE program is inappropriate or unsafe.

***Form to be completed by child's licensed healthcare provider and returned to the contact below:***

Date of injury or onset of illness: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis or condition limiting activity: \_\_\_\_\_

Anticipated duration of limitation (or date full PE participation is permitted): \_\_\_\_\_

Please specify below the specific limitations to activity.

Unchecked selections denote student may participate in the activity, modified at the discretion of school staff.

THE STUDENT **MAY NOT** PARTICIPATE IN:

- ☐ 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)
- ☐ Abdominal Exercises (e.g. sit ups, crunches)
- ☐ 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): \_\_\_\_\_
- ☐ Any P.E. classroom activity (including written assignments)

\_\_\_\_\_  
Health Professional (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
CA License No.

\_\_\_\_\_  
Telephone #

Teacher: \_\_\_\_\_ Site: \_\_\_\_\_ E-mail: \_\_\_\_\_