

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
Department of Special Services
294 Green Valley Road, Watsonville, CA 95076

Physical Education Modification

Please bring this form to your child's doctor or clinic if s/he has a health condition that limits or prevents participation in PE class at school. Favor de llevar esta forma a su clínica o médico si su niño/a no puede participar en su clase de educación físico o si tiene limitaciones.

STUDENT'S NAME/nombre: _____ DATE/Fecha: _____

BIRTHDATE/fecha de nacimiento: _____ GRADE/grado: _____

C/O/problema: _____

School Nurse/enfermera _____

Parent/padre o madre: I give permission for health care provider – school to exchange health information for school academic planning. Le doy permiso a la clínica o al médico para cambiar su información con la escuela.

Parent Signature/firma: _____ Date/fecha _____

Physician's Recommendation for Modified Activity

The physical education teachers seek the advice and cooperation of physicians and parents to provide a beneficial education program for all students. Please complete this form to help us establish an activity program specifically designed for our student under your care.

Date of Exam: _____ Physician's Name _____ Phone _____

Diagnosis or description of the condition _____

Length of time in modified activity _____ Is student able to dress for PE? _____

Please check the acceptable group of activities

- Fairly vigorous activities at 75% with NO PHYSICAL CONTACT INVOLVED.
Moderate activities which DO NOT INVOLVE RUNNING
Severely restricted which involves NO PHYSICAL ACTIVITIES
Other. If an exercise or physical therapy program has been provided for this student, please attach acopy.

Date s/he may resume normal activities _____ with ___/without _____ brace or joint support

If permanent modifications are required, please specify here. _____

Physician's Signature _____ Phone _____ Fax _____