

PHYSICAL EDUCATION EXCUSE FORM

Dr. _____

DATE: _____

RE: _____ D.O.B. _____ GRADE /LEVEL _____

PE Restriction begins: _____ PE Restriction Ends: _____
Date Date

All pupils registered in the schools of New York State are required by the Education Law to attend courses of instruction in physical education. These courses are required to be adapted to meet individual pupil needs. This means that a pupil who is unable to participate in the entire program should have his/her activities modified to meet and/or improve his/her condition.

Diagnosis _____

Please check off any activities that this student **may** participate in during the restriction:

CONTACT/COLLISION	LIMITED CONTACT/ IMPACT	STRENOUS NON-CONTACT	NON-STRENOUS NON-CONTACT
<input type="checkbox"/> FIELD HOCKEY	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CREW	<input type="checkbox"/> ARCHERY
<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> BOWLING
<input type="checkbox"/> FLOOR HOCKEY	<input type="checkbox"/> DIVING	<input type="checkbox"/> TRACK & FIELD	<input type="checkbox"/> GOLF
<input type="checkbox"/> ICE HOCKEY	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> TABLE TENNIS
<input type="checkbox"/> LACROSSE	<input type="checkbox"/> HANDBALL	<input type="checkbox"/> TENNIS	
<input type="checkbox"/> SOCCER	<input type="checkbox"/> SKIING	<input type="checkbox"/> BOWLING	
<input type="checkbox"/> WRESTLING	<input type="checkbox"/> CROSS-COUNTRY	<input type="checkbox"/> BADMINTON	
<input type="checkbox"/> TEAM HANDBALL	<input type="checkbox"/> DOWNHILL SKI	<input type="checkbox"/> CLIMBING WALL	
<input type="checkbox"/> ULTIMATE FRISBEE	<input type="checkbox"/> SOFTBALL		
	<input type="checkbox"/> VOLLEYBALL	<u>WEIGHT TRAINING</u>	<u>CARDIOVASCULAR</u>
	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> UPPER BODY	<input type="checkbox"/> ELIPTICAL
		<input type="checkbox"/> LOWER BODY	<input type="checkbox"/> RECUMBENT BIKE
		<input type="checkbox"/> FULL BODY	<input type="checkbox"/> SPINNING
		<input type="checkbox"/> CORE	<input type="checkbox"/> TREADMILL
		<input type="checkbox"/> MUAY TAI BAGS	<input type="checkbox"/> CARDIO BOXING
		<input type="checkbox"/> BOSU	<input type="checkbox"/> SPEED BAGS

Do you wish patient to return to you for re-evaluation?

____ YES _____ NO

M.D. Signature

Date