

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 (or modify) 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 health and PE personnel must understand the nature of a student’s illness or injury, as explained by the student’s licensed health care provider.

Please note that:

- A physician’s note is necessary, but may be insufficient, to completely excuse a student from physical activity if the note does not adequately explain how a modified PE program is inappropriate or unsafe.
- Modified or specially-designed PE programs may safely accommodate a student who is well enough to otherwise attend school.

This form may be used by the managing licensed healthcare provider to describe the medical/orthopedic condition or injury. Return form to school staff at the fax number listed below:

Date of injury or onset of illness: ____/____/____

Diagnosis or condition limiting activity: _____

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

Specific limitations to activity: *(unchecked selections denote student may participate in the activity, modified at the discretion of school staff)*. THE STUDENT SHOULD NOT PARTICIPATE IN:

- ___ P.E. subject material (e.g., diet, habits) limited to classroom-like activity (e.g., written assignment, no physical demands)
- ___ 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)
- ___ 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): _____
- ___ Student wearing cast: No playground or sandbox; keep cast dry.
- ___ Other (specific limitation, please describe): _____

Health Professional (printed name) Signature CA License No. Telephone #

Student’s healthcare provider may reach the following school staff member to explore PE modifications or to discuss limitations of the student:

School staff member to contact Telephone number Best days/hours to reach Fax number