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### Physical Education Medical Restriction Form

Student \_\_\_\_\_ Grade Level \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_ Due to my patient's condition, I have prescribed complete rest and inactivity during physical education class until the date of \_\_\_\_\_.

\_\_\_\_ My patient's condition prohibits them from fully participating in all P.E. activities. I approve only the following activities **marked with a (X) on the attached page** until the date of \_\_\_\_\_.

\_\_\_\_ My patient has been medically cleared to return to all P.E. sports activities without restriction.

Dates of limitation duration: from \_\_\_\_\_ until \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name Printed: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

*\*I agree to the above information and will allow the information to be shared with my child's Physical Education Teacher*

Parent/Guardian Signature: \_\_\_\_\_

