

CORONA-NORCO UNIFIED SCHOOL DISTRICT
MEDICAL INFORMATION FOR PHYSICAL EDUCATION

Student Name: _____ D.O.B. _____
School: _____ Grade: _____

Dear Doctor:

We have received a request that your patient have a limited Physical Education program or be excused from Physical Education classes. Physical Education is a course required by state law and continued absence will result in loss of credit in this requirement.

Please help us to appropriately place this student by filling out the form below:

*Please cross off activities **NOT** considered appropriate for this student*

ACTIVITIES

Push ups	Running	Hurdles
Sit ups	Football	Shot Put
Jumping jacks	Basketball	Long Jump
Planks	Soccer	
Sit and reach	Jump Rope	
Core work	Golf	
Shuffles	Ultimate Frisbee	
Kareokas	Agility ladders	
Lunges spider walk	Softball	
Bear crawls	Volley tennis	

FURTHER RESTRICTIONS

No contact sports No running
No prolonged aerobic exercise No strenuous exercise
No heavy exertion (lifting, pushing)
Small groups only
Individual sports only

Other(s): _____

Suggested activities: _____

Nature of disability and Reason for restriction: _____

Printed name of doctor: _____

Signature: _____

Phone number: _____ Date: _____
