



SAN MATEO-FOSTER CITY SCHOOL DISTRICT

PHYSICAL EDUCATION MEDICAL EXEMPTION APPROVAL FORM

School Name: _____

School Address: _____

Principal Signature

Date

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

Student Name: _____ DOB: _____

Address: _____ Home Phone: _____

Physician's Name: _____ Phone: _____

I give my permission to be the San Mateo-Foster City School District to contact the health care provider and confidentially and discreetly use the content of this form to plan my child's Physical Education Program.

Parent/Guardian Signature

Date

Part II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Medical Diagnosis: _____

Duration of the condition: Short Term Long Term Permanent

The Condition is: Progressive Non-Progressive

Date student may return to unrestricted activity: _____

Date Student will be reexamined: _____

Functional capacity (Please check one and complete form on the other side)

___ Unrestricted (No restriction on contact or intensity)

___ Self-limited (Student is able to determine appropriate activities)

___ Mild restriction (Only avoid vigorous activities)

___ Moderate restriction (Limits sustained, strenuous activities)

___ Severe restriction (Limits are severe)

Part III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER. Check all activities that you consider to be ***not appropriate*** for the student to participate in. Remember all activities will be modified for student's ability level.

Locomotor Skills: Walk Hop Run Jog Skip Jump Leap

Fitness:

Cardiovascular Aerobic Dance Exercise Bike Jump Rope Step Aerobics
 Treadmill Jog/Run Rowing Machine Stair Stepper

Flexibility Arm/Hand Back/Abdominal Hip/Pelvis Leg/Knee
 Arm/Shoulder Head/Neck Leg/Foot

Muscular Strength and Endurance
 Curl-ups Free Weights (light) Plyometrics Pull-ups
 Weight Machines Push-ups

Individual/Dual Skills and Activities (non-contact activities, individual and partner practice skills):
 Badminton Basketball Bouncing Bowling Flag/Touch Football
 Floor Hockey Frisbee Golf Gymnastics/Tumbling Handball
 Lacrosse Pickleball Racquetball Soccer Softball
 Swimming Tennis Track and Field Volleyball
 Catching Throwing Kicking Dynamic Objects Striking Dynamic Objects
 Rapid Overhead Movements

Team Activities (Game situations where contact with other students is likely to occur):
 Basketball Field Hockey Flag/Touch Football Floor/Street Hockey
 Frisbee Lacrosse Soccer Softball
 Team Handball Track and Field Volleyball Other _____

Types of Games:
 Chasing/Fleeing Cooperative Propelling/Receiving Tagging

Provide additional comments that will aid in the modification of physical education for this student:

Health Care Provider's Clinical Stamp Here

Signature, Health Care Provider

Date

Return form to your child's physical education teacher.