



Student Health Services

School: _____

School Nurse: _____

Telephone: _____

Fax: _____

Physical Education Medical Notice

***Senate Bill 601 and California Education Code 33352 require all students participate in physical education courses in grades 7-12. Students will NOT be exempt from this requirement under any circumstances. However, students with health issues will be offered a modified or adaptive physical education program to meet this requirement. Please check those activities the student may participate in. Please contact the school nurse if you have any questions.**

_____ (name & date of birth) was seen in my office

_____ (date) for the following reason (brief description of the problem) _____

Student **MAY** participate in the following activities (check all that apply).

- Walk
- Jog/Walk
- Run
- All flexibility exercises. Indicate if limited to upper body, lower body, or other _____
- All strength exercises. Indicate if limited to upper body, lower body, or other _____
- Contact sports activity
- Full sun exposure

Student is released to full PE participation as of _____

Provider Name (please print) _____

Provider Signature _____ Phone: _____

Date _____

Please attach a copy of the medical note to this form.

Nurse Signature: _____

Review Date: _____

Notice to PE Teachers: _____