

(This form is to be taken to the students' physician and returned to instructor)

**HERITAGE HIGH SCHOOL
PHYSICAL EDUCATION DEPARTMENT**

MEDICAL EXCUSE FORM

The Physical Education program would like to have all students participate in some capacity during Physical Education class. If there are modifications we can make to this students P.E. program, please indicate below.

Student name _____ Date _____

What is the injury/illness? _____

What is the approximate length of time this student will need a modified program? _____

Is there a follow up appointment? _____ When? _____

What type of activities can this student do?

_____ Written work

_____ Group work on strategy development

_____ Charting skill development of other students

_____ Officiating

_____ Walking (any restrictions?) _____

_____ Running (any restrictions?) _____

_____ Jumping (any restrictions?) _____

_____ Throwing (any restrictions?) _____

_____ Stretching (any restrictions?) _____

_____ Fitness testing _____ curl ups _____ shuttle run _____ sit and reach

_____ mile run _____ push ups

Any other restrictions to activity _____

Physicians Name _____

Physicians Signature _____ Phone Number _____

Please take the time to consider any of the above modifications to this students physical activity as together we can keep this student active and involved in their P.E. class.

Physical Education Department
Heritage High School