



Physical Activity Restrictions

To the parent and/or health care provider of:

Student Name: _____ **DOB:** _____ **Grade:** _____

Under the California Education Code, Section 51241, exemption from PE may be granted temporarily for an ill or injured student only if *“a modified program to meet the needs of the pupil cannot be provided.”*

To comply with California state law, this District cannot completely exempt a student from PE until it is established that PE modifications cannot be safely provided. To do so, District health and PE personnel must understand the nature of the student’s illness or injury, as explained by the student’s licensed health care provider.

Please note that:

- A physician’s note is necessary, but may be insufficient, to completely excuse a student from PE if the note does not adequately explain how a modified PE program is inappropriate or unsafe.
- Adaptive or modified PE programs may safely accommodate a student who is well enough to otherwise attend school.
- These restrictions will apply to PE, recess, afterschool sports and activities (dances, field trips, etc.).

Date of injury or onset of illness: _____

Diagnosis or condition limiting activity: _____

Anticipated duration of limitation (or date full PE participation is permitted): _____

May have the following equipment at school:

Wheelchair Crutches Braces Cast Walking boot Other: _____

No Restrictions:

May participate in all activities without restrictions

To Restrict participation please place a check mark next to the restricted activity:			
Contact/Collision	Limited Contact/Impact	Strenuous/ Non-Contact	Non-Strenuous/ Non-Contact
<input type="checkbox"/> Restrict All <input type="checkbox"/> Rugby <input type="checkbox"/> Hockey <input type="checkbox"/> Football (touch/flag) <input type="checkbox"/> Group Games <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Team Handball	<input type="checkbox"/> Restrict All <input type="checkbox"/> Gymnastics/tumbling <input type="checkbox"/> Basketball <input type="checkbox"/> Kickball/Softball <input type="checkbox"/> Tag Games <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Volleyball	<input type="checkbox"/> Restrict All <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Jumping Activities <input type="checkbox"/> Pickleball <input type="checkbox"/> Running/Jogging <input type="checkbox"/> Tennis/Badminton <input type="checkbox"/> Track & Field <input type="checkbox"/> Weight Training <input type="checkbox"/> Mile Run	<input type="checkbox"/> Restrict All <input type="checkbox"/> Archery <input type="checkbox"/> Balancing Activities <input type="checkbox"/> Golf <input type="checkbox"/> Ping Pong <input type="checkbox"/> Walking <input type="checkbox"/> Weight training: _____ (Give Example)
Pool Activities		Recess Activities	
<input type="checkbox"/> Restrict All <input type="checkbox"/> Diving <input type="checkbox"/> Swimming Laps	<input type="checkbox"/> Water Aerobics <input type="checkbox"/> Water games	<input type="checkbox"/> Restrict All <input type="checkbox"/> Climbing/jungle gyms <input type="checkbox"/> Slides <input type="checkbox"/> Swings	<input type="checkbox"/> Monkey Bars <input type="checkbox"/> Running <input type="checkbox"/> Tag Games <input type="checkbox"/> Black top activities (Jump rope, hopscotch, etc.) <input type="checkbox"/> Ball Activities (Basketball, tetherball, 4 square, etc.)

Healthcare Provider (Print) **Signature** **CA License #:** **Telephone #:**

Healthcare provider may reach the following staff member to explore PE modifications or to discuss limitations of this student:

School staff member to contact **Telephone #:** **Fax #:** **Best days/hours to reach**