

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

Department of Special Services
294 Green Valley Road, Watsonville, CA 95076

Physical Education Modification

Please bring this form to your child's doctor or clinic if s/he has a health condition that limits or prevents participation in PE class at school. *Favor de llevar este forma a su clinica o medico si su nino/a no puede participar en su clase de educación fisicoo o si tiene limitaciones.*

STUDENT'S NAME/nombre: _____ DATE/Fecha: _____

BIRTHDATE/fecha de nacimiento: _____ GRADE/grado: _____

C/O/problema _____

School Nurse/enfermera _____ Health Assistant/auxiliar de salud _____

Parent/padre o madre: I give permission for health care provider – school to exchange health information for school academic planning. *Le doy permiso a la clinica o al medico para cambiar su información con la escuela.*

Parent Signature/firma: _____ Date/fecha _____

Physician's Recommendation for Modified Activity

The physical education teachers seek the advice and cooperation of physicians and parents to provide a beneficial education program for all students. Please complete this form to help us establish an activity program specifically designed our student under your care.

Date of Exam: _____ Physician's Name _____ Phone _____

Diagnosis or description of the condition _____

Length of time in modified activity _____ Is student able to dress for PE? _____

Please check the acceptable group of activities

- Fairly vigorous activities at 75% with NO PHYSICAL CONTACT INVOLVED.
- Moderate activities which DO NOT INVOLVE RUNNING
- Severely restricted which involves NO PHYSICAL ACTIVITIES
- Other. If an exercise or physical therapy program has been provided for this student, please attach acopy. _____

Date s/he may resume normal activities _____ with _____/without _____ brace or joint support

If permanent modifications are required, please specify here. _____

Physician's Signature _____ Phone _____ Fax _____