

SCHOOL PHYSICAL EXEMPTION

NAME _____ AGE _____ GRADE _____

ADDRESS _____

To the Principal and Teacher of Physical Education:

The above mentioned student is currently under my professional care. To reduce the risk of complications in his/her condition, I recommend that he/she be excused from the following activity(s).

- | | | |
|--|---|---|
| <input type="checkbox"/> Marching | <input type="checkbox"/> Speed exercises | <input type="checkbox"/> Endurance tests |
| <input type="checkbox"/> Dancing steps | <input type="checkbox"/> Ball passing without running | <input type="checkbox"/> Strength contests |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Competitive games skill | <input type="checkbox"/> Achievement test of skill but not strength |

Other _____

Duration of exemption: From _____ to _____

Dr. _____ Phone _____

Address _____

City _____ State _____ State Zip _____

Doctor's Signature _____ Date _____