

Is the student able to participate in any regular exercise of any kind ?

\_\_\_\_\_

Is there a medical treatment plan for the condition ?  Yes  No.

Summary of treatment plan(include any medications):

\_\_\_\_\_

\_\_\_\_\_

Has the child received any Physical Therapy for the condition  Yes  No

Dates of physical therapy: \_\_\_\_\_

Is therapy complete?  Yes  No If no,when will it be complete: \_\_\_\_\_

Does the student participate in any extra curricular sports  Yes  No

**(Students are ineligible for after school sports during the period of exclusion)**

The following modification of physical education programs are currently available in the Bonita Unified School District (please check any options that are requested):

No contact sports

Student may self limit physical activity to tolerance.

List type of self limits: For example: walk instead of run, limit running when...

\_\_\_\_\_

No Physical Education

Length of time student is to be out of Regular Physical Education:(*Exemption cannot exceed end of current school year and must be renewed annually for all four years for high school students*)

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ M.D.,DO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ M.D./ D.O

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*School Nurse may contact physician for clarification of above orders.*

\_\_\_\_\_



# BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

## MEDICAL REFERRAL FOR EXTENDED EXEMPTION FROM PHYSICAL EDUCATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

### **Medical Section-**

California Education Code requires all students in grades K – 9 to participate in a physical education program, and for students to complete at least one additional year of physical education in grades 10 – 12.m(Section 51222). **Participation in a club/travel sport or participation in a dance program does not meet physical education requirements.** A medical exemption from a California Licensed Physician is needed to confirm that a child is too ill or injured to attend a regular physical education class. A modified program to meet the needs of the pupil may be provided.

### **California Licensed Physician to complete the following:**

Diagnosis: \_\_\_\_\_

What is the severity, prognosis or nature of the problem which precludes physical education?

\_\_\_\_\_  
\_\_\_\_\_

Below is a list of common activities in physical education courses.

Please indicate what level of limitation:

Type of activity	Omit	Mild	Moderate	Unlimited	Comments/ Rationale
Aerobics					
Bending					
Catching					
Climbing					
Hanging					
Jumping					
Kicking					
Lifting					
Pulling					
Pushing					
Running					
Squatting					
Stretching					
Throwing					
Twisting					
Walking laps					
Swimming					