STUDENT APPLICATION FOR EXEMPTIONS FROM HIGH SCHOOL PHYSICAL EDUCATION – MEDICAL (Exhibit 6142.7)

Modesto City Schools

DIRECTIONS AND PROCEDURE FOR MEDICAL EXEMPTION

An exemption from physical education may be requested by a parent or guardian by completing this form (Exhibit 6142.7) and submitting it to the principal. The principal will make a recommendation, sign the form, and forward it to the Senior Director, School Leadership. *The Senior Director, School Leadership will approve or disapprove the request only if seeking the waiving of graduation requirements.*

PART I: TO BE COMPLETED BE THE PARENT/GAURDIAN

Student name: _____ MCS ID #: _____ Date: _____

School: _____ Parent Phone #: _____

Physician's Name: _____ Physician's Phone #: _____

I give my permission to Modesto City Schools to contact the health care provider and confidentially and discreetly use the content of this form to plan my child's Physical Education Program.

Parent/Guardian Signature: _____ Date: _____

PART II: TO BE COMPLETED BE THE HEALTH CARE PROVIDER

Medical diagnosis: _____

Duration of the condition:	☐ Short-term	☐ Long-term	☐ Permanent
The condition is:	☐ Progressive	☐ Non-progressive	

Date student may return to unrestricted activity: _____

Date student will be reexamined: _____

Functional Restrictions: *(Please check one)*

☐ Unrestricted contact and intensity   ☐ Self-limited (able to choose appropriate activities)
☐ Mild (only avoid vigorous activity)   ☐ Moderate (limit sustained/strenuous activity)
☐ Severe (limit all physical activity)

Please mark all activities that you consider ***not appropriate*** for the student to participate in. Remember all activities will be modified for the student's ability level. Feel free to attach additional comments or restrictions.

☐ Aerobic	☐ Basketball	☐ Catching	☐ Curl-ups
☐ Dance	☐ Flag/Touch Football	☐ Free Weights	☐ Frisbee
☐ Gymnastics/Tumbling	☐ Handball	☐ Jog	☐ Jump Rope
☐ Pickelball	☐ Plyometrics	☐ Pull-ups	☐ Push-ups
☐ Run	☐ Soccer	☐ Softball	☐ Swimming
☐ Tennis	☐ Throwing	☐ Track and Field	☐ Volleyball

Health Care Provider Signature: _____ Date: _____

Graduation credits to be waived?   ☐ Yes ☐ No   If Yes, how many units? _____

Principal Signature: _____ Date: _____ ☐ Approved ☐ Denied

School Leadership Signature: _____ Date: _____ ☐ Approved ☐ Denied