For any PE/JROTC restrictions
Note the need for a physician's signature

Physical Education/ROTC
Specific Time Limitation Form
(OPTIONAL)

Please fill out the following form. The form must have a diagnosis and specific time limitation. (No open-ended "until further notice", may state "until seen by doctor" with date of next doctor appointment listed). Please return the form with the student or mail to PCHS in care of the School Nurse. Thank you for your cooperation.

FR____SOP.______JR.________SR.______

STUDENT'S NAME:____________________________

Is the student enrolled in ROTC Yes______ No _________

1. Diagnosis:

2. Condition is: Temporary_______ (End Date)___________ Permanent______

IF CONDITION IS PERMANENT, THIS FORM MUST BE UPDATED EVERY SCHOOL YEAR.

3. Specific activities student should NOT participate in:

4. Specific activities student MAY participate in:

5. Do limitations apply to ROTC activities? Yes________ No_______

Additional comments/suggestions/information:

__________________________ ____________
Physician Signature Date

Physician Name (please print)______________________
Address____ Phone____________

PCHS HAS A MODIFIED P.E.SWIM PROGRAM, & A WT. LIFTING PROGRAM FOR UPPER OR LOWER BODY.

KELLY FORBES, RN
VOICE MAIL 477-4213 OR 477-4217
FAX NUMBER 477-4384