

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

PEKIN COMMUNITY HIGH SCHOOL, DISTRICT 303
PHYSICAL EDUCATION/ROTC INFORMATIONAL FORM

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

