



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

E 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 BY THE PARENT/GUARDIAN

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 BY 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)

- |   |   |
|---|---|
| <input type="checkbox"/> Unrestricted contact and intensity   | <input type="checkbox"/> Self-limited (able to choose appropriate activities) |
| <input type="checkbox"/> Mild (only avoid vigorous activity)  | <input type="checkbox"/> Moderate (limit sustained/strenuous activity)        |
| <input type="checkbox"/> 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.

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Aerobic             | <input type="checkbox"/> Basketball          | <input type="checkbox"/> Catching        | <input type="checkbox"/> Curl-ups   |
| <input type="checkbox"/> Dance               | <input type="checkbox"/> Flag/Touch Football | <input type="checkbox"/> Free Weights    | <input type="checkbox"/> Frisbee    |
| <input type="checkbox"/> Gymnastics/Tumbling | <input type="checkbox"/> Handball            | <input type="checkbox"/> Jog             | <input type="checkbox"/> Jump Rope  |
| <input type="checkbox"/> Pickleball          | <input type="checkbox"/> Plyometrics         | <input type="checkbox"/> Pull-ups        | <input type="checkbox"/> Push-ups   |
| <input type="checkbox"/> Run                 | <input type="checkbox"/> Soccer              | <input type="checkbox"/> Softball        | <input type="checkbox"/> Swimming   |
| <input type="checkbox"/> Tennis              | <input type="checkbox"/> Throwing            | <input type="checkbox"/> Track and Field | <input type="checkbox"/> 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