



DJUSD

DAVIS JOINT UNIFIED
SCHOOL DISTRICT

Matt Best
Interim Superintendent

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PHYSICAL EDUCATION EXCLUSION/LIMITATION

Student _____ DOB _____ Date _____

School _____ Grade _____ Teacher _____

Dear Physician: The parent/guardian has requested that the above student have limited physical education (P.E.) activities or that the student be excused from all P.E. activities due to a health condition. Please provide the information requested and return it to the person designated below so that an appropriate P.E. program can be implemented. Thank you.

1. The parent's signature below will authorize the physician to exchange medical information with the school district.

Signature of Parent/Guardian Date

2. Diagnosis: _____

Checked box indicates permanent condition:

Per education code, 51241, students cannot be exempted permanently from PE, but PE can be modified as needed.

3. Exclude from all P.E. participation: **No** - complete items 4, 5, 6 & 7. **Yes** - complete item 7

4. Activities: Please check below the P.E. activities in which the student **CAN** participate:

Running (cardiovascular)

Calisthenics/warm-up exercise

Upper body weights

Lower body weights

Jumping

Team sports, please specify (i.e., softball, soccer, etc.): _____

Other, please specify: _____

5. Please describe modifications to any of the activities (i.e., walk instead of run): _____

6. Please list specific movements that should be avoided: _____

7. Duration of exclusion or limitation; please indicate # of days, weeks, and/or months: _____

Physician's Signature Date

Phone Number

Please Return To: _____