



MEDICAL EXCUSE PHYSICAL EDUCATION REFERRAL FORM

STUDENT _____ GRADE _____

The school laws of Pennsylvania specify that all students attending the public schools of the Commonwealth receive instruction in physical education. Exception to this course requirement can only be made when the physical condition of a student is such that participation in physical education activities will be injurious to health. The exception must be determined by the family physician. Those students are then scheduled for adapted physical education, OR a modified physical education program designed for the needs of these students. In today's standards-based instruction, the role of physical education is to provide students with the knowledge and skills needed for participation in life-long, health enhancing activities. Therefore, physical education is not simply participating in activities. In physical education, the curriculum is based on essentials concepts that students need to know. These concepts are the PA standards for Health and Physical Education.

The above named student is recommended for a modified program of physical education for the following reason:

The following remedial, corrective, or rehabilitative work is suggested. Please circle possible activities:

Level One – No physical activity recommended.

Level Two Activities – Light walking in walking area or on treadmill. Stretching exercises on Swiss ball.

Level Three Activities – Moderate walking in area or on treadmill. Moderate activity on life cycle and or a structured weight-training program using Hammer Strength or free weights.

Level Four Activities – Moderate to vigorous activities on aerobic equipment, various skill work on activities that identifies and applies practice strategies for skill improvement and or a structure weight training program used to rehab or strengthen the present condition.

Additional Physician's Recommendations / Comments:

This recommendation should be in effect from _____ to _____.

Parent Signature: _____ Date _____

Physician's Signature: _____ Date _____

- C: Physical Education Teacher
- Nurse
- Counselor