

SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT

699 Old Orchard Drive, Danville, California 94526

REQUEST FOR MODIFIED PHYSICAL EDUCATION

MODIFIED PHYSICAL EDUCATION - For students with physical problems that require modification of their physical education program for more than:

- one week at the elementary level
- two days at middle/high school levels

Form completed by _____

Pupil's Name _____
Last First M.I.

Date _____ Sex _____

Birthdate _____ / _____ / _____ Grade _____
Mo. Day Yr.

Physician's Name _____

Date of request (doctor's letter may be required) _____

Physical limitation(s) _____

Estimated time of modification _____

MEDICAL RELEASE FROM MODIFIED PHYSICAL EDUCATION

Student's Name _____ is able to return to full P.E. with no restrictions.

Physician's Name _____

Physician's Signature _____ Date _____