

## Physical Activity Exemption Request

<b>Name</b>		<b>Age</b>		<b>Grade</b>	
<b>Address</b>		<b>School</b>			

**To the teacher/coach:**

**The student was examined on** \_\_\_\_\_ **and presented with the following conditions:**

**Participation in regular physical education classes and/or sports activities should be as follows:**

<input type="checkbox"/>	No restrictions; Student may return to regular athletic activity as of:				
<input type="checkbox"/>	Complete. Student should not participate in any athletic activity.				
<input type="checkbox"/>	Partial; Please excuse the student from the following activities:				
<input type="checkbox"/>	All, other than exercises prescribed.	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Endurance tests
<input type="checkbox"/>	Marching	<input type="checkbox"/>	Speed exercises	<input type="checkbox"/>	Strength tests
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Competitive physical games	<input type="checkbox"/>	Warm-ups
<input type="checkbox"/>	Others:				

**Duration of the exemption:**

<input type="checkbox"/>	For school year	<input type="checkbox"/>	For the following period:
<input type="checkbox"/>	Until:	<input type="checkbox"/>	Until next examination

**Other details & Notes:**

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**Doctor's Signature:**

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