Santa Barbara Unified
Every child, every chance, every day.

PHYSICAL EDUCATION MEDICAL EXEMPTION APPROVAL FORM

School name: _____

School address: _____

_____ _____
Signature, Principal *Date*

Part I: TO BE COMPLETED BY THE PARENT/GUARDIAN

Student name:_____ Date:_____

Address: _____ Home phone: _____

School: _____ Date of birth:_____

Physician's name:_____ Phone: _____

I give my permission to the Santa Barbara Unified School District to contact the health care provider and confidentially and discreetly use the content of this form to plan my child's Physical Education Program.

_____ _____
Signature, Parent/Guardian *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 capacity (**Please check one and complete form on the other side**)

- ☐ Unrestricted (No restriction on contact or intensity)
- ☐ Self-limited (Student is able to determine appropriate activities)
- ☐ Mild restriction (Only avoid vigorous activities)
- ☐ Moderate restriction (Limits sustained, strenuous activities)
- ☐ Severe restriction (Limits are severe)

Continued on back

Part III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER. Check all activities that you consider to be ***not appropriate*** for the student to participate in. Remember all activities will be modified for student's ability level.

Locomotor Skills: ☐ Walk ☐ Hop ☐ Run ☐ Jog ☐ Skip ☐ Jump ☐ Leap

Fitness:

Cardiovascular ☐ Aerobic Dance ☐ Exercise Bike ☐ Jump Rope ☐ Step Aerobics
☐ Treadmill ☐ Jog/Run ☐ Rowing Machine ☐ Stair Stepper

Flexibility ☐ Arm/Hand ☐ Back/Abdominal ☐ Hip/Pelvis ☐ Leg/Knee
☐ Arm/Shoulder ☐ Head/Neck ☐ Leg/Foot

Muscular Strength and Endurance
☐ Curl-ups ☐ Free Weights (light) ☐ Plyometrics ☐ Pull-ups
☐ Weight Machines ☐ Push-ups

Individual/Dual Skills and Activities (non-contact activities, individual and partner practice skills):
☐ Badminton ☐ Basketball ☐ Bouncing ☐ Bowling ☐ Flag/Touch Football
☐ Floor Hockey ☐ Frisbee ☐ Golf ☐ Gymnastics/Tumbling ☐ Handball
☐ Lacrosse ☐ Pickleball ☐ Racquetball ☐ Soccer ☐ Softball
☐ Swimming ☐ Tennis ☐ Track and Field ☐ Volleyball
☐ Catching ☐ Throwing ☐ Kicking Dynamic Objects ☐ Striking Dynamic Objects
☐ Rapid Overhead Movements

Team Activities (Game situations where contact with other students is likely to occur):
☐ Basketball ☐ Field Hockey ☐ Flag/Touch Football ☐ Floor/Street Hockey
☐ Frisbee ☐ Lacrosse ☐ Soccer ☐ Softball
☐ Team Handball ☐ Track and Field ☐ Volleyball ☐ Other_____

Types of Games:
☐ Chasing/Fleeing ☐ Cooperative ☐ Propelling/Receiving ☐ Tagging

Provide additional comments that will aid in the modification of physical education for this student:

_____ _____
Signature, Health Care Provider ***Date***

Return form to your child's physical education teacher.