

PHYSICAL ACTIVITY MEDICAL REPORT FORM

Physical education/activity is an integral part of the total educational process. The Nevada Department of Education requires that students participate in physical education in order to graduate. The only exemption to this requirement applies to students whose participation, in the opinion of a physician, would jeopardize their health and physical well being.

MODIFICATIONS/EXEMPTIONS FROM PHYSICAL EDUCATION/RECESS

An excuse or exemption from physical activity is used in cases of health conditions which preclude the student's full participation in physical activity. A new Physical Activity Medical Report Form must be completed by a licensed health care provider **each school year** the student is to retain his/her exempt status or modified status. **The parent/guardian is responsible for providing any protective gear.**

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ **GRADE/TRACK:** _____ **ID#** _____

LICENSED HEALTH CARE PROVIDER TO COMPLETE NUMBERS 1, 2, 3 AND 4

1. Diagnosis _____

Justification for exemption/modification:

2. Physical Education

___ No modification necessary.

___ Modifications needed. Beginning date _____ Ending date _____

Specify modifications

___ Exempt entirely from P.E. Beginning date _____ Ending date _____

3. Recess

___ No modifications necessary.

___ Modifications needed. Beginning date _____ Ending date _____

Specify modifications

___ Exempt entirely from recess. Beginning date _____ Ending date _____

4. Protective gear needed: Yes ___ No ___ Type _____

Indications for use:

Licensed Health Care Provider Signature

Licensed Health Care Provider (Print)

Phone

Date