

# Geneva Middle School PE MEDICAL EXCUSE FORM

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

The above-named student is requesting an exception due to a physical condition. For the school district to provide for this student's academic requirements, written physical education work may be assigned in lieu of class participation. *An updated physician note is required each year.* Complete all fields below.

**Diagnosis/Condition Requiring Exception:** \_\_\_\_\_

**Exception-** For the entire school year: \_\_\_\_\_ **OR** will expire on: \_\_\_\_\_ (date)

	may participate	may not participate	participate with modifications*	*comments
-Walking	_____	_____	_____	_____
-Running	_____	_____	_____	_____
-Jumping	_____	_____	_____	_____
-Fitness Gram testing (mile run, push up test, sit ups, sit and reach)	_____	_____	_____	_____
-Soccer	_____	_____	_____	_____
-Basketball	_____	_____	_____	_____
-Floor Hockey	_____	_____	_____	_____
-Flag Football	_____	_____	_____	_____
-Track and Field	_____	_____	_____	_____
-Softball	_____	_____	_____	_____
-Kickball	_____	_____	_____	_____
-Lacrosse	_____	_____	_____	_____
-Speedball (soccer/football combination)	_____	_____	_____	_____
-Golf	_____	_____	_____	_____
-Badmitton	_____	_____	_____	_____
-Pickleball	_____	_____	_____	_____
-Ultimate Frisbee	_____	_____	_____	_____
-Team Building (games can vary in impact level but most are low impact and focus more on working together/problem solving)	_____	_____	_____	_____
-Dance/ Yoga	_____	_____	_____	_____
-Personal Safety(low impact unit learning to respond if they are attacked/ demonstrate how to escape a wrist hold or pressure points)	_____	_____	_____	_____
-Tumbling	_____	_____	_____	_____
-Pickleball (tennis with a whiffle ball and underhand serve)	_____	_____	_____	_____
-Fitness Rm.-cardio	_____	_____	_____	_____
-Fitness Rm. - light weights	_____	_____	_____	_____
-Fitness Rm. – heavier wts	_____	_____	_____	_____
-Circuit training	_____	_____	_____	_____

Note for medical provider: \* Please provide direction for participation with modifications under the comments section

**Other medical limitations/instructions:** \_\_\_\_\_

**X** \_\_\_\_\_  
**Medical Provider Printed Name** **Medical Provider Signature**