



GENEVA ELEMENTARY LEVEL MEDICAL EXCUSE PE

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 with each year.* Complete all fields below.

Diagnosis/Condition Requiring Exception: _____

Exception- For the entire school year: _____ will expire on: _____ (date)

	may participate	may not participate	participate with modifications*	*comments
-Walking	_____	_____	_____	_____
-Running	_____	_____	_____	_____
-Jumping	_____	_____	_____	_____
-Soccer	_____	_____	_____	_____
-Basketball	_____	_____	_____	_____
-Presidential Fitness	_____	_____	_____	_____
-Fitness/cardio	_____	_____	_____	_____
-Volleyball	_____	_____	_____	_____
-Dance/ Yoga	_____	_____	_____	_____
-Personal Safety	_____	_____	_____	_____
-Gymnastics- Apparatus	_____	_____	_____	_____
-Pickleball (tennis with a whiffle ball and underhand serve)	_____	_____	_____	_____
-Track and Field	_____	_____	_____	_____
-Softball	_____	_____	_____	_____
-Kickball	_____	_____	_____	_____
-Lacrosse	_____	_____	_____	_____
-Speedball (soccer/football combination)	_____	_____	_____	_____
-Badminton	_____	_____	_____	_____
-Fitness relay races	_____	_____	_____	_____
-Fitness light weights	_____	_____	_____	_____
-Fitness heavier lifting	_____	_____	_____	_____
-Roller skating	_____	_____	_____	_____

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

Other medical limitations/instructions: _____

X _____
Signature: MD **Print: MD**