CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

PHYSICAL EDUCATION MODIFICATION REQUEST

California Education Code section 51210(g) requires all elementary students to participate in physical education (P.E.) for a total of 200 minutes each 10 school days. Education Code section 51222 requires all secondary students to participate P.E. for a total of 400 minutes each 10 school days. California Education Code section 51241 states "The Board of a school district … may grant a **temporary exemption** to a pupil from courses in physical education, if the pupil is ill or injured **and a modified program to meet the needs of the pupil cannot be provided."**

Section A: Student Information

NAME OF STUDENT		DATE OF BIRTH	
NAME OF SCHOOL SITE STUDENT ATTENDS	TEACHER/PHYSICAL EDUCATION TEACHER		GRADE

Section B: Request for Information and Parent Consent

Dear Physician: The parent(s) of this student have requested that he/she have limited or modified P.E. activities. Please provide the information requested and return it to the individual designated below so that an appropriate P.E. program can be implemented.

The parent's signature authorizes the physician to exchange medical information with the District. This form is not valid without Parents' signature.

Parent/Guardian Signature	Date

To be completed by Physician(MD, DO, NP or PA):

1. Student's Diagnosis:_____

2. Activities: Please check below the P.E. activities in which the student **CAN** participate:
   □ Running (cardiovascular)   □ Upper Body Workout   □ Walking
   □ Calisthenics/warm-up exercise   □ Lower Body Workout   □ Stretching
   □ Jumping   □ Non-Contact Sports   □ Contact Sports
   □ Swimming   □ Writing
   □ Other, please specify:_____

3. Please describe necessary modifications to activities (i.e. walk instead of run, sun precautions required):
   _____

4. Please list specific movements that should/must be avoided:
   _____

5. Projected End Date for Modification (no longer than one school year): _____

PHYSICIAN'S SIGNATURE	DATE	PHONE NUMBER	
			Doctor's Stamp

RETURN TO: SCHOOL SITE ADMINISTRATOR at _____

Revised 9/8/2022