



Santa Barbara Unified School District

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www.sbsd12.org

PHYSICAL EDUCATION MEDICAL EXEMPTION 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: | <input type="checkbox"/> Walk | <input type="checkbox"/> Hop | <input type="checkbox"/> Run | <input type="checkbox"/> Jog | <input type="checkbox"/> Skip | <input type="checkbox"/> Jump | <input type="checkbox"/> Leap | | | | |
| Fitness: | | | | | | | | | | | |
| Cardiovascular | <input type="checkbox"/> Aerobic Dance | <input type="checkbox"/> Exercise Bike | <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Step Aerobics | <input type="checkbox"/> Treadmill | <input type="checkbox"/> Jog/Run | <input type="checkbox"/> Rowing Machine | <input type="checkbox"/> Stair Stepper | | | |
| Flexibility | <input type="checkbox"/> Arm/Hand | <input type="checkbox"/> Back/Abdominal | <input type="checkbox"/> Hip/Pelvis | <input type="checkbox"/> Leg/Knee | <input type="checkbox"/> Arm/Shoulder | <input type="checkbox"/> Head/Neck | <input type="checkbox"/> Leg/Foot | | | | |
| Muscular Strength and Endurance | | | | | | | | | | | |
| | <input type="checkbox"/> Curl-ups | <input type="checkbox"/> Free Weights (light) | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Pull-ups | <input type="checkbox"/> Weight Machines | <input type="checkbox"/> Push-ups | | | | | |
| Individual/Dual Skills and Activities (non-contact activities, individual and partner practice skills): | | | | | | | | | | | |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bouncing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Flag/Touch Football | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics/Tumbling | <input type="checkbox"/> Handball | | |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Pickleball | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | | | |
| <input type="checkbox"/> Catching | <input type="checkbox"/> Throwing | <input type="checkbox"/> Kicking Dynamic Objects | <input type="checkbox"/> Striking Dynamic Objects | | <input type="checkbox"/> Rapid Overhead Movements | | | | | | |
| Team Activities (Game situations where contact with other students is likely to occur): | | | | | | | | | | | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Flag/Touch Football | <input type="checkbox"/> Floor/Street Hockey | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Team Handball | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other _____ |
| Types of Games: | | | | | | | | | | | |
| <input type="checkbox"/> Chasing/Fleeing | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Propelling/Receiving | <input type="checkbox"/> 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.

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Exhibit: SANTA BARBARA UNIFIED SCHOOL DISTRICT
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