



# Santa Barbara Unified School District

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www.sbsd12.org

## PHYSICAL EDUCATION MEDICAL EXEMPTION APPROVAL 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

