



**Santa Barbara Unified School District  
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

**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:**  Walk  Hop  Run  Jog  Skip  Jump  Leap

**Fitness:**

**Cardiovascular**  Aerobic Dance  Exercise Bike  Jump Rope  Step Aerobics  
 Treadmill  Jog/Run  Rowing Machine  Stair Stepper

**Flexibility**  Arm/Hand  Back/Abdominal  Hip/Pelvis  Leg/Knee  
 Arm/Shoulder  Head/Neck  Leg/Foot

**Muscular Strength and Endurance**

Curl-ups  Free Weights (light)  Plyometrics  Pull-ups  
 Weight Machines  Push-ups

**Individual/Dual Skills and Activities** (non-contact activities, individual and partner practice skills):

Badminton  Basketball  Bouncing  Bowling  Flag/Touch Football  
 Floor Hockey  Frisbee  Golf  Gymnastics/Tumbling  Handball  
 Lacrosse  Pickleball  Racquetball  Soccer  Softball  
 Swimming  Tennis  Track and Field  Volleyball  
 Catching  Throwing  Kicking Dynamic Objects  Striking Dynamic Objects  
 Rapid Overhead Movements

**Team Activities** (Game situations where contact with other students is likely to occur):

Basketball  Field Hockey  Flag/Touch Football  Floor/Street Hockey  
 Frisbee  Lacrosse  Soccer  Softball  
 Team Handball  Track and Field  Volleyball  Other \_\_\_\_\_

**Types of Games:**

Chasing/Fleeing  Cooperative  Propelling/Receiving  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.**

