



Kits4Kids International School Madagascar

# PHYSICAL EDUCATION MEDICAL EXEMPTION APPROVAL FORM

TO BE COMPLETED BY A HEALTHCARE PROVIDER

**FOR ADMINISTRATION USE ONLY:**

SCHOOL NAME :	GRADE :
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SCHOOL ADDRESS :

\_\_\_\_\_  
Signature , Principal / Head of school Date

**PART I: TO BE COMPLETED BY THE PARENT / GUARDIAN**

STUDENT NAME :	DATE OF BIRTH:
ADDRESS :	HOME PHONE :
PHYSICIAN'S NAME :	PHONE :

*I give my permission to Kits4Kids International School Madagascar to contact the health care provider and confidentially and discreetly use the content of this form to plan my child's Physical Education Program if deemed necessary.*

\_\_\_\_\_  
Signature , Parent / Guardian Date

**PART II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN**

Medical Diagnosis :

Duration of the condition :  SHORT TERM  LONG TERM  PERMANENT      The condition is :  PROGRESSIVE  NON - PROGRESSIVE

Date student may return to unrestricted activity : \_\_\_\_\_

**FUNCTIONAL CAPACITY (Please check one and complete the details below)**

- UNRESTRICTED (No restriction on contact or intensity)       MILD RESTRICTION (Only avoid vigorous activities)       SEVERE RESTRICTION (Limits are severe)
- SELF - LIMITED (Student is able to determine appropriate activities)       MODERATE RESTRICTION (Limits sustained, strenuous activities)

**PART III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN**

Check all the activities that you consider to be **not appropriate** for the student to participate in. Remember, when possible, 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  
 ROWING MACHINE     STAIR STEPPER     TREADMILL.     JOG / RUN

**FLEXIBILITY :**     ARM / HAND.     LEG / KNEE     HIP / PELVIS     BACK / ABDOMINAL  
 ARM / SHOULDER.     HEAD / NECK     LEG / FOOT

**MUSCULAR STRENGTH AND ENDURANCE :**

CURL - UPS     FREE WEIGHTS (LIGHT)     PLYOMETRICS.     PULL UPS  
 WEIGHT MACHINES     PUSH UPS     PLYOMETRICS.     PULL UPS

**INDIVIDUAL / DUAL SKILLS AND ACTIVITIES :** (non contact activities, individual and partner practice skills)

BADMINTON     BASKETBALL     BOUNCING     BOWLING     FLAG / TOUCH BALL     CATCHING     GYMNASTICS / TUMBLING  
 THROWING     HANDBALL     TENNIS     VOLLEYBALL     RACKETBALL     RAPID OVERHEAD MOVEMENTS  
 SOCCER     SWIMMING     TRACK AND FIELD     KICKING DYNAMIC OBJECTS     STRIKING DYNAMIC OBJECTS

**TEAM ACTIVITIES :** (game situations where contact with other students is likely to occur)

BASKETBALL     FIELD HOCKEY     FLAG / TOUCH FOOTBALL.     VOLLEYBALL     FRISBEE     WRESTLING  
 SOCCER     SOFTBALL     TEAM HANDBALL     TRACK AND FIELD     OTHER : \_\_\_\_\_

**TYPES OF GAMES :**     CHASING / FLEEING     COOPERATIVE     PROPELLING / RECEIVING     TAGGING

**Please provide additional comments that will aid in the modification of physical education for this student :**

\_\_\_\_\_  
PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

NOTE: Please return this form to the school's administration.