## PHYSICAL EDUCATION MEDICAL EXEMPTION APPROVAL FORM



TO BE COMPLETED BY A HEALTHCARE PROVIDER

SIGNATURE OF DECOMPLETED BY THE PARENT / GUARDIAN  STUDENT IN TO BE COMPLETED BY THE PARENT / GUARDIAN  STUDENT IN TO BE COMPLETED BY THE PARENT / GUARDIAN  STUDENT IN TO BE COMPLETED BY THE PARENT / GUARDIAN  STUDENT IN TO BE COMPLETED BY THE PARENT / GUARDIAN  STUDENT IN TO BE COMPLETED BY THE PARENT / GUARDIAN  PROVIDENT STUDENT / Guardian  Signature - Private / Guardian  Dute  PART IN TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN  The condition Program of Accordance on Complete Tree distance below to the second non-cessary.  SIGNATURE - Private / Guardian  Dute  PART IN TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN  The condition is: [] PRICEPESINE [] NON-PROCESSING  Dute subsett may return to virestrooted sciency - PRIVATION (I) PERMANENT   The condition is: [] PRICEPESINE [] NON-PROCESSING  Dute subsett may return to virestrooted sciency - PRIVATION (I) PRIVATE PR	Cits4Kids International Sci			
Signature - Principal / Head of school   Date    PART I: TO BE COMPLETED BY THE PARENT / GUARDIAN  ### CASE PRODUCT  ###	SCHOOL NAME :			GRADE:
PART It TO BE COMPLETED BY THE PARENT / GUARDIAN  STUCION NAME:    DNIE OF BIRTIE   HOME PHONE:   PHONE:	SCHOOL ADDRESS :			
PART It TO BE COMPLETED BY THE PARENT / GUARDIAN  STUCION NAME:    DNIE OF BIRTIE   HOME PHONE:   PHONE:				
ENDERNITHME: DATE OF BRITTIE  ADDRESS: HOME PHONE: PHONE:  PROPORTIONS NUMBE: PHONE:  Provided Physical Education Program if deemed necessary.  Signature - Parent / Guardian  Date  PART III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN  Modical Diagnature - Parent / Guardian  Date  PART III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN  Modical Diagnature - Parent / Guardian  Date  PART III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN  Modical Diagnature - Parent / Guardian  Date to the constition: [] SHORT TERM [] LONG TERM [] PERMANENT The constition is: [] PROGRESSIVE [] NON - PROGRESSIVE  Date student may return to survashicated scripty:  PUNCTIONAL CAPACITY (Please check one and complete the details below)  [] MILD RESTRICTION (Dirth's avoid signosus activities) [] SEVERE RESTRICTION (Parents on several parents of the student to general parents of the students of the students and parents of the students of the student	Sig	nature , Principal / Head of school	Date	
ADDRESS:	PART I: TO BE COME	PLETED BY THE PARENT / GUARDIAN		
PHONE:    Price   Pric	STUDENT NAME :		DATE OF BIRTH:	
If you my permission to Kits-Kikds International School Madegascar to contact the health care provider and confidentially and discreetly use the content of this form to plan methods Physical Education Program if deemed necessary.    Signature	ADDRESS :		HOME PHONE :	
Signature , Parent / Guardian  PART II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN  Medical Diagnosis:    Duration of the condition:     SHORT TERM	PHYSICIAN'S NAME :		PHONE :	
Medical Diagnosis:  Duration of the condition: [] SHORT TERM			ovider and confidentially and discreetly	use the content of this form to plan m
Modical Diagnosis:  Death on of the condition: [ ] SHORT TERM	Signature	, Parent / Guardian	Date	
Dutation of the condition:	PART II: TO BE COM	PLETED BY THE HEALTH CARE PROVIDER / PHYSICIAN		
Date student may return to unrestricted activity:	Medical Diagnosis:			
FUNCTIONAL CAPACITY (Please check one and complete the details below)  [ ] UNRESTRICTED (No restriction on contact or intensity)	Duration of the condition :	[ ] SHORT TERM [ ] LONG TERM [ ] PERMANENT	The condition is : [ ] PROGRESSIVE	[ ] NON - PROGRESSIVE
[ ] WRESTRICTED (No restriction on contact or intensity) [ ] MILD RESTRICTION (Only avoid vigorous activities) [ ] SEVERE RESTRICTION (Limits are severally in the several properties) [ ] 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  [ ] WEIGHT MACHINES [ ] PUSH UPS [ ] PLYOMETRICS. [ ] PULL UPS  [ ] BADMINTON [ ] BASKETBALL [ ] BOUNCING [ ] BOWLING [ ] FLAG / TOUCH BALL [ ] CATCHING [ ] GYMNASTICS / TUMBLIN [ ] THROWING [ ] HANDBALL [ ] TENNIS [ ] VOLLEYBALL [ ] RAPID OVERHEAD MOVEMENTS  [ ] SCOCER [ ] SWIRMMING [ ] 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 [ ] FRIBBEE [ ] WRESTLING [ ] SOCCER [ ] SOFTBALL [ ] TEAM HANDBALL [ ] TRACK AND FIELD [ ] OTHER:  TYPES OF GAMES: [ ] CHASING / FLEEING [ ] COOPERATIVE [ ] PROPELLING / RECEIVING [ ] TAGGING	Date student may return to	unrestricted activity :		
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TYPES OF GAMES: [ ] CHASING/FLEEING [ ] COOPERATIVE [ ] PROPELLING/RECEIVING [ ] TAGGING		[ ] BASKETBALL [ ] FIELD HOCKEY [ ] FLAG / TOUCH FOOTBA	.L. [ ] VOLLEYBALL [ ]	FRISBEE [ ] WRESTLING
		[ ] SOCCER [ ] SOFTBALL [ ] TEAM HANDBALL	[ ] TRACK AND FIELD [ ]	OTHER:
Places provide additional comments that will aid in the modification of physical education for this student.	TYPES OF GAMES :	[ ] CHASING/FLEEING [ ] COOPERATIVE [ ] PROPE	LING / RECEIVING [ ] TAGGING	
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NOTE: Please return this form to the school's administration.

PROVIDER'S SIGNATURE

DATE