

**COLINA MIDDLE SCHOOL
MEDICAL REFERRAL FORM FOR PHYSICAL EDUCATION**

STUDENT'S NAME _____ DATE _____

P.E. PERIOD _____ P.E. TEACHER _____

Dear Physician:

The public schools of California have the responsibility of meeting the diverse educational needs of all pupils. Because of this responsibility, the Education Code requires that all pupils take physical education. Many pupils enrolled in regular programs have physical conditions that may prevent full participation in physical education class. Please identify the medical problems of the pupil named above and make the recommendations requested. This information will help us plan an individually designed physical education program for your patient.

Diagnosis or description of condition excusing pupil from physical education _____

Student is to be excused for _____ days/weeks.

Specific Recommendations: Check (x) where applicable or circle right or left.

	Minimize		Eliminate		Partial list of activities:				
	use of		use of		Unlimited	Moderate	Mild	Omit	
Neck	_____	_____	_____	_____					
Abdomen	_____	_____	_____	_____					
Back	_____	_____	_____	_____					
Shoulder	R L	R L	R L	R L					
Elbow	R L	R L	R L	R L					
Wrist,hand	R L	R L	R L	R L					
Hip	R L	R L	R L	R L					
Knee	R L	R L	R L	R L					
Ankle,foot	R L	R L	R L	R L					
					Bending				
					Climbing				
					Hanging				
					Jumping, Hopping				
					Kicking				
					Lifting				
					Pulling				
					Pushing				
					Stretching				
					Running				
					Throwing				
					Twisting				
					Walking				
					Weight Training				

Specific exercise and activity suggestions: _____

Other comments: _____

Physician's Signature: _____

Physician's Name Printed: _____

Physician's Telephone #: _____

Return this form to:

Annette Kessler, Health Clerk
Colina Middle School