

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services Division

BULLETIN NO. Z-22
February 1, 1998

ATTACHMENT A

Medical Recommendation for Physical Education

Dear Doctor:

Date _____

An adjustment in the Physical Education assignment has been requested for medical reasons for the student named below. Students who are unable to benefit from unrestricted PE or PE with modifications may receive an individualized instruction program designed for those specific needs. Medical information from you is essential in making the most appropriate assignment.

Student _____ BD _____ Grade _____

Please complete the following information and return to the school nurse. Thank you.

Diagnosis/description of problem: _____

Medical recommendation for PE assignment (please complete)

- Physical Education with NO restrictions
 - Physical Education with modifications/restrictions and/or exceptions.
- Please describe: _____

How long will special consideration be needed? _____

Are there other medical concerns? _____

Date _____

Doctor's Signature _____

Doctor's Name _____

(print)

Address _____

Phone _____

Return to:

_____, School Nurse

_____ School

If you have questions please call the School Nurse at: _____

(phone number)