

**Skyline High School**

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SKYLINE HIGH SCHOOL PE: MEDICAL ACTIVITY EXCUSAL FORM

\*\*To be completed by a Health Care Provider\*\*

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please excuse patient from this date \_\_\_\_\_\_\_\_\_ until this date \_\_\_\_\_\_\_\_\_

Activities the patient is able to be do during the time period of excusal listed above

 \_\_\_\_ Unlimited walking and biking

 \_\_\_\_ Unlimited running

 \_\_\_\_\_\_ Can run only on certain surfaces/distance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Upper body exercise only

 \_\_\_\_ Lower body exercise only

\_\_\_\_ Full activity without the use of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_Everything but contact activities

 \_\_\_\_ Prescribed physical therapy that can be completed during PE class (attach a copy of exercises/therapy that may be completed during class time)

 \_\_\_\_ No physical activity during the excused time

Other notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*For school use only:*

Does this note need to be copied and given to anyone else? (school nurse, athletic trainer, administrator, counselor, coach)

\_\_\_\_YES (please circle all that apply) \_\_\_\_NO \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date distributed: \_\_\_\_\_\_\_\_\_\_\_\_\_