



K- 12 STUDENT PHYSICAL EDUCATION MEDICAL LIMITATION/EXEMPTION

- In accordance with Iowa Code (256.11(6)), Iowa Department of Education guidelines and Cedar Rapids School Board Regulation (400.7), all students who are physically able must participate in Physical Education classes. Students are allowed medical exemptions only when they are **physically unable** to participate as determined by a Licensed Health Care Provider (MD, DO, PA, ARNP, DDS, DPM for conditions of the foot/ankle only and Chiropractor for musculoskeletal conditions only). To be eligible for a medical exemption, the signed form must be dated and returned during the same semester as the identified time period exempted. No back dated forms will be accepted.

STUDENT: _____

BUILDING/GRADE: _____

MEDICAL LIMITATION

I have determined the above named student is **physically able** to participate in physical education classes with the following limitations: _____

Start Date: _____ End Date: _____

or

_____ Current Semester _____ Full School Year

Check all that apply:

May participate in: _____ Walking _____ Jogging _____ Upper body exercises _____ Lower body exercises

_____ Resistance band exercises _____ Jumping _____ Plyometric exercises _____ Weight lifting

_____ Use the Stairs.

Comments: _____

MEDICAL EXEMPTION

I have determined the above named student is **physically unable** to participate in physical education classes for the following length of time:

Start Date: _____ End Date: _____

or

_____ Current Semester _____ Full School Year

Licensed Health Care Provider (please print): _____

Licensed Health Care Provider signature: _____ Date: _____ (3/17)