



ST. FRANCIS HIGH SCHOOL
COLLEGE PREPARATORY

RETURN TO SCHOOL/PHYSICAL EDUCATION/SPORT FORM

RETURN TO SCHOOL STATEMENT

- May return to school on _____
- Next appointment: _____

ACTIVITIES RECOMMENDED AT SCHOOL

- No restriction of activity
- No PE/sports for (#) _____ weeks
- May participate in gym, but not competitive sports
- May resume PE/sports in (#) _____ weeks
- May climb stairs with crutches
- Needs assistance between classes
- Needs to pass early
- Wear a supportive tennis shoe
- May work with certified Athletic Trainer

Equipment:

- Crutches
- Braces
- Cast
- Walking (CAM) boot
- Other: _____

of weeks _____

MODIFIED ACTIVITY

(Check all that apply)

- No contact sports
- No strenuous sports
- No running/jumping
- No weightlifting
- No upper arm/overhead
- Biking/treadmill/elliptical OK

ADDITIONAL RESTRICTIONS:

COMMENTS: _____

PHYSICIAN INFORMATION

Physician's Signature: _____

Physician's Name: _____

Phone: _____

Fax: _____

**PHYSICAL EDUCATION DEPARTMENT
MEDICAL EXCUSE POLICY**

To earn credit in Physical Education courses, the curriculum requires students to participate in physical activity. Students with valid doctor's medical excuses that inhibit full activity for two or more units may be removed from their Physical Education class and placed in a study hall for the remainder of the semester. These students will make up the missed units in the following semester. In some cases, adjustments to the Physical Education curriculum may be possible, thus allowing the student to remain in their Physical Education class. The student's limitations must be outlined, in detail, by the physician, on the Medical Return to School form.

Note: This form, applies to Physical Education courses, interscholastic sports, and co-curricular activities where there is physical activity.