

P.E. NOTE FOR HEALTH CLERK

PEPPER DRIVE MIDDLE SCHOOL
(619) 956-5100

Student's First and Last Name Grade ____/____/____
Today's Date

Nature of Illness (please circle): COLD/FLU SPRAIN FRACTURE ALLERGIES ASTHMA

OTHER: _____

SELF-LIMITING MEDICAL FROM PARENT
(**WILL** dress out; limited participation)

Please specify (circle) the limitation:

- no use of hand/arm
- no running, but can walk
- no jumping
- other: _____

DATE OF P.E. EXCUSE: _____
(Any excuse of more than 3 CALENDAR days will REQUIRE a note from a PHYSICIAN.)

Parent Signature

FULL MEDICAL FROM PARENT
(Will **NOT** dress out)

Phone number to be reached at today

FULL MEDICAL FROM PHYSICIAN (attached)
(**WILL NOT** dress out)

*This note is to be given to the Health Clerk
BEFORE the start of the school day!
Dr.'s notes can be faxed to Mrs. Martin at:
(619) 956-5114.*

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