



**Diane M. Ziegler**  
*Principal*

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*Superintendent of Schools*

## SCHOOL MEDICAL EXCUSE

STUDENT: \_\_\_\_\_

DATE OF EVALUTION: \_\_\_\_\_

STUDENT CONSIDERATIONS:  
(include use of any medical devices, activity limitations)

PHYSICAL EDUCATION RESTRICTIONS:

OTHER/CTE:

LIMITATIONS IN EFFECT UNTIL:

PHYSICIAN STAMP

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_