

**GENERAL McLANE SCHOOL DISTRICT
PHYSICIAN'S CERTIFICATE OF INCAPACITATION
FOR ADAPTIVE OR EXEMPTION FROM PHYSICAL EDUCATION**

STUDENT'S NAME _____

1. Nature of illness which renders the student unable to participate in regular physical education and/or specific activities (incapacitated):

2. Specific period of time during which the following recommendations are to be in effect:

Incapacitated from: _____ to _____
Month/Day/Year Month/Day/Year

3. I recommend that the General McLane School District provide an adaptive physical education program to the above named student.

A. Permissible Activities:

1. _____ low impact activity
2. _____ moderate impact activity
3. _____ walking program/stationary bike
4. _____ stair climbing
5. _____ weight lifting
 - a. _____ upper body
 - b. _____ lower body
6. _____ non contact activity (archery, tennis, golf, bowling)

B. _____ **Increase activity as student feels able**

C. _____ **No physical activity of any kind**

Signature of Physician

Printed Physician Name

Date

**FAX completed form to: 273-1035 GM High School 273-1038 JWParker Middle School
273-1050 McKean Elementary 273-1040 Edinboro Elementary**