

SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT
1651 Sixteenth Street, Santa Monica, California, 90404-3891 - (310) 450-8338
Department of Health Services

PHYSICAL ACTIVITY RESTRICTIONS

Please return to the site School Nurse:

To: School Nurse or Health Office

Date: _____

_____ was seen for _____
student's name condition/diagnosis

and may return to school on _____.

Last Tetanus on record: _____

Activity Restrictions

Physical Education restricted for:

_____ weeks, _____ days _____ not restricted.

Partial PE activities student may participate in:

Other restrictions (Writing, etc):

Medical equipment:

Crutches _____ Walker _____ Brace/Cast _____ Wheelchair _____ Other _____

Expiration date for medical equipment: _____

If medicine is to be given at school, please complete the medication order form.

Name of Physician

Signature of Physician

Phone Number of Physician