

Bay Shore Union Free School District
Department of Health, Physical Education and Athletics
75 West Perkal Street
Bay Shore, New York 11706

SPORT: _____

Grade: _____

Physical Education Medical Recommendation Form for Bay Shore High School

To: Dr. _____ Date _____

Name: _____ Sex: _____ Diagnosis: _____

Your patient is registered in this school district and has indicated a health history which may limit his/her ability to participate fully in the regular Physical Education program. Kindly complete this form and return it to his/her school. Thank you for your cooperation. If you have any questions, please call

High School Mrs. Mason, RN at (631) 968-1166 Fax (631) 968-2581

IMPORTANT: Any student excused from Physical Education will be required to make up all missed classes to receive credit for graduation. Therefore, we encourage PE modification if possible.

NO RESTRICTIONS - CLEARED FOR P E & SPORTS

CLEARED FOR P E ONLY

NO P E / SPORTS UNTIL _____
DATE

MODIFIED P E UNTIL _____
DATE

Check only where PARTICIPATION IS RECOMMENDED: