



Otto-Eldred School District
 143 R.L. Sweitzer Drive, Duke Center, PA 16729
 (814) 817-1380 opt. 3 Fax (814) 966-3911

Matthew D. Splain, Superintendent
 Jodi L. Flexman, Business Manager
 Lindsay A. Burns, Director of Pupil Services & Spec. Ed.

Otto-Eldred Elementary School
 5 N. Bennett St, Eldred, PA 16731
 (814) 817-1380 opt. 1
 Fax (814) 225-4917
 Nichole M. Garthwaite, Principal
 Colleen E. Storer, School Counselor

Otto-Eldred Junior Senior High School
 143 R.L. Sweitzer Dr, Duke Center, PA 16729
 (814) 817-1380 opt. 2
 Fax (814) 966-3911
 Nicholas J. LaBella, Principal
 Erin M. Jackson, School Counselor

Dear Parent or Guardian,

The school laws of Pennsylvania specify that ALL students in attendance in the public schools of the Commonwealth receive instruction in the subject of PHYSICAL EDUCATION. (Section 1511). Exception to this course requirement can only be made when physical education activities will be injurious to the student's health. This exception must be determined by the student's family physician in accordance with Section 1401 of the School Code.

TO BE COMPLETED BY THE FAMILY PHYSICIAN

Regarding the physical education activities of your patient, _____,
 we appreciate your cooperation in completing and returning this form.

Nature of illness or injury: _____

Please indicate those activities in which the student CANNOT participate:

- | | |
|--|---|
| <input type="checkbox"/> Physical Education Tests | <input type="checkbox"/> Volleyball Skills* |
| <input type="checkbox"/> Golf Skills* | <input type="checkbox"/> Volleyball Game |
| <input type="checkbox"/> Soccer Skills* | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Soccer Game | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Fitness Activities | <input type="checkbox"/> Stationary Bike |
| <input type="checkbox"/> Flag-Football- Frisbee Football | <input type="checkbox"/> Tennis Skills* |
| <input type="checkbox"/> Mile Run | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball Skills* | <input type="checkbox"/> Kickball/Mat ball |
| <input type="checkbox"/> Basketball Game | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Aerobics, Yoga, or Pilates | |

* "Skills" do NOT require strenuous activity.

Please indicate any remedial or corrective work suggested for the student:

This is to certify that I have examined the above names student on _____,
 (Date)

and recommend that he/she NOT participate in the activities I have indicated for a period of _____.
 (Length of time)

Signature of Physician