

**The Bromfield School  
Medical Excuse for Physical Education**

**Student** \_\_\_\_\_

**Reason** \_\_\_\_\_

**Physician's note on file**    **Yes/No**

**Date** \_\_\_\_\_

**Expected return date** \_\_\_\_\_

**Options for getting PE Credit**

\_\_\_\_\_ **Stay in PE and assist the teacher**

\_\_\_\_\_ **Alternative Physical Activity (please explain)**

\_\_\_\_\_ **Write a paper (indicate how many pages)** \_\_\_\_\_

\_\_\_\_\_ **Study Hall (for no credit; student has to make up the missed classes)**

\_\_\_\_\_ **Other (for credit? Please explain)**

**I agree with the above plan.**

\_\_\_\_\_  
**Student**                      **Date**

\_\_\_\_\_  
**Teacher**                      **Date**

\_\_\_\_\_  
**Parent**                      **Date**

\_\_\_\_\_  
**Counselor**                      **Date**

**Schedule changes WILL NOT be made until the form is signed and returned.**

**In order for the student to return to Physical Education, the Nurse must receive a note indicating this from the physician.**