SPORT: _____

Bay Shore Union Free School District Grade: _____
Department of Health, Physical Education and Athletics
75 West Perkal Street
Bay Shore, New York ll706

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 (63l) 968-1166 Fax (63l) 968-258l

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: