

TO: Health Care Provider
FROM: SUNY Broome Student Health Services
SUBJECT: Physical Education Waiver

THE FOLLOWING FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER AND RETURNED TO THE STUDENT HEALTH SERVICES OFFICE, SCIENCE BUILDING, ROOM 102, PRIOR TO REQUESTING EXEMPTION FROM PHYSICAL EDUCATION CLASSES:

Student Name: _____ Student ID #: _____

Physical Examination Completed on _____ (date) for purpose of waiving physical education requirement. This waiver IS / IS NOT (circle one) permanent. The waiver is effective from:

_____ to _____
(Date) (Date)

As a health care provider, I certify that this named student is NOT ABLE to participate in physical education classes.

If student is not able to participate in physical education, or if there are any limitations to one's participate, please comment below as to the reason:

Though the student may not participate physically, he/she may engage in didactic studies, i.e., classroom discussion, assigned readings. Yes No (circle one)

Signature of certified healthcare provider _____

Print Name: _____

NYS/DEA Number: _____

Address: _____

Telephone Number: _____ Date: _____