INSTRUCTION

Attendance and Excuses – Physical Education

Parents may request that their child be excused from physical education for temporary illness or injury for a maximum of five consecutive school days. A physician’s statement shall be required if the student cannot resume normal activity after the five-day period. The physician’s statement shall provide information that explains the limitations of participation for the student. Attachment I shall be completed by the physician to assist the Prince William County Public Schools staff with developing a modified program to meet the student’s needs and provide opportunities to participate in physical education and meet the standards-based philosophy.

When illness or injury is obvious, a teacher and/or principal may temporarily excuse a student from physical activity.

In all cases, students who are excused from physical activity shall be given meaningful assignments that meet the health and physical education Standards of Learning.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2020.
Dear Doctor:

Under regulations of the Virginia Board of Education and policies of the Prince William County Public Schools, all students shall participate in a physical education program.

Furthermore, Section 504 of Public Law 93-112, “Nondiscrimination on the Basis of Handicap” states that “no otherwise qualified handicapped individual…shall, solely by reason of this handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.” Section 504 provides a broad definition of “handicapped,” which may include students enrolled in the regular program and characterized by permanent disability, obesity, low fitness level, or poor motor coordination and students recovering from accidents, operations, or injury. Therefore, medical excuses are not acceptable for excusing a student from the physical education requirement. Modified physical education programs shall be provided for such students.

Please complete the attached form to assist us in planning a program best suited to the student’s needs.

Sincerely,

Teacher or Department Chairperson
Health and Physical Education
Prince William County Public Schools
Physician’s Referral Form for Participation in Physical Education
Regulation 636-1

Student Name: _______________________ Date Initiated: ______________________________
Home Phone: ________________________ Date of Birth: ______________________________
Address: ______________________________________________________________________
School: ___________________________________________ Grade: ___________

All students in Prince William County Public Schools are required to participate in a program of
physical education. High school students are required to complete two credit years of physical
education as a graduation requirement. The information requested below is intended for staff to
develop a modified physical education program to meet the student’s needs and level of
participation. This form may not be used to exempt a student from physical education activities.

Medical Diagnosis: _____________________________________________________________

General implications of medical diagnosis on student’s participation in physical activity:
______________________________________________________________________________
______________________________________________________________________________

Duration of the condition: _____ short term _____ long term _____ permanent

The condition is: _____ progressive _____ non-progressive

Date student will be re-examined: ____________________

Date student may return to unrestricted activity: _________________

Other health conditions (latex allergy, seizures, shunt, etc.) and/or medication, which may impact
participation in physical activity and/or outdoor activity:
______________________________________________________________________________
______________________________________________________________________________

Functional Capacity
_____ unrestricted – full participation in all activities including contact and intensity
_____ restricted – see attached list specifying restrictions
Based on the medical diagnosis, please check the appropriate level of participation in each of the areas listed below.

**Skills and Motor Learning:**

**Cardio Respiratory Exertion**
- _____ high intensity (running or sprinting with no restrictions on distance or time)
- _____ moderate intensity (jogging for up to 20 minutes at a time, power walking, aerobic dance, etc.)
- _____ low intensity (walking, etc.)

**General Musculoskeletal Impact**
- _____ high impact (aerobic dance, landing as in vaulting, long jump, etc.)
- _____ moderate impact (hopping, jumping, etc.)
- _____ low impact (walking, standing, etc.)

**Inversion**
- _____ skills requiring the student to be in an inverted position, bearing weight on head or neck (forward roll, headstand, etc.)
- _____ skills requiring the student to be in an inverted position, without bearing weight on head or neck (cartwheel, handstand, etc.)
- _____ student may not execute any skills requiring inversion

**Physical Contact**
- _____ activities in which physical contact is likely to occur (basketball, soccer, hockey, etc.)
- _____ activities in which incidental physical contact may occur (structured drill situations, small group games, etc.)
- _____ individual skill building activities in which physical contact is not likely to occur

**Strength Training**
- _____ weight lifting - lower body (weight machines or free weights)
- _____ weight lifting - upper body (weight machines or free weights)
- _____ light resistance - lower body (light free weights or resistance bands)
- _____ pull-ups
- _____ push-ups
Prince William County Public Schools
Request for Physician’s Referral for Participation in Physical Education
Regulation 636-1

Specific questions based on teacher’s current knowledge of medical diagnosis or information provided by parent:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Physician’s Name: ______________________________________________________________
Address: ______________________________________________________________________
______________________________________________________________________________

Phone Number: ___________________________ Fax Number: __________________________

Physician’s Signature: __________________________________ Date: ____________________