Medical Exemption Documentation Form

For School's Main Office Date of Submission:

It is the mission of Noble to help our students grow in the areas of mental, physical, and emotional health.
Noble physical education programs are diverse, fitness based, and aimed at improving the overall health of students.

COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)	
Student Full Name:	**Student ID :**
Parent / Guardian Full Name:	
Parent / Guardian Signature:	**Date:**
By signing this document, you verify that the medical information below is correct and was completed by a licensed doctor, specialist, or certified athletic trainer.	

COMPLETED BY MEDICAL FACILITY (PLEASE PRINT)	
Medical Facility	**Contact Phone Number:**
Date of Visit :	
The above listed student is excused from/ should receive modified (circle one) PE and/or athletics for the following dates:	
Start Date: / /	**End Date : / /**
What is the nature of the injury or illness that will affect the student's participation in fitness and athletics?	
What limitations does the abovementioned injury/illness present?	

For the following options, please indicate if the following exercises are permitted (YES) or not (NO).
If the exercise is permitted with limitations, please circle YES and indicate the limitations in the explanation section below.

Exercise	Permitted?		Please Explain Limitations
Upper body exercises	YES	NO	
Lower body exercises	YES	NO	
Stretching	YES	NO	
Running	YES	NO	
Low-impact cardiovascular exercises	YES	NO	
Core/abdominal exercises	YES	NO	
Jumping/ agility	YES	NO	
Walking	YES	NO	
Other:			

I verify that the student above visited our facility for consultation and/or treatment for an injury, illness or medical condition.

Name of Doctor/ Specialist / ATC / Physician Assistant / Facility Representative :	**Medical Facility Stamp:**
Signature :	