

Bay Shore Union Free School District  
Department of Health, Physical Education and Athletics  
75 West Perkal Street  
Bay Shore, New York 11706

SPORT: \_\_\_\_\_  
Grade: \_\_\_\_\_

**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 (631) 968-1166 Fax (631) 968-2581

**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: