

**LEKÒL NAN DEPATMAN POLK  
FÒM POU PATISIPE NAN EDIKASYON FIZIK (ESPÒ)**

NON \_\_\_\_\_  
Siyati \_\_\_\_\_ Non \_\_\_\_\_ Non Entèdyè \_\_\_\_\_

KLAS \_\_\_\_\_ LEKÒL \_\_\_\_\_

Yo bezwen enfòmasyon sa a konsènan nenpòt pwoblèm pitit ou a genyen ki ka anpeche l patisipe nan aktivite espò. Sa pral pèmèt nou planifye pwogram lekòl k'ap pi bon pou li.

Eta Sante Elèv la:

Li rekòmande pou doktè fè yon egzamen fizik pou elèv la chak ane. Dapre rezilta dènye egzamen yo te fè pou li a

\_\_\_\_\_ Eta sante fizik pitit mwen an pa pèmèt li patisipe nan pwogram edikasyon fizik nan Lekòl nan Depatman Polk la. **(Si w tcheke pati sa a, ranpli bout anba nan fòm sa a)**

Dat \_\_\_\_\_ Paraf Paran \_\_\_\_\_

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Si pitit ou a pa kapab patisipe nan pwogram edikasyon fizik regilye a, **DOKTÈ W LA** dwe ranpli fòm ki pi ba a.

(In the event that your child is **NOT** able to take part in the regular physical education program, the following form needs to be completed **BY YOUR PHYSICIAN**)

List activities recommended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific directions for instructor \_\_\_\_\_  
\_\_\_\_\_

It is recommended that this student participate during the period beginning \_\_\_\_\_  
and ending \_\_\_\_\_ only in the activity or activities listed above.

(Parent Signature) Paraf Paran \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Note to Teachers: Following usage of this form, place it in the cumulative folder of the student as part of his/her Health Record.