



RIO HONDO COLLEGE COMMUNITY COLLEGE DISTRICT
3600 WORKMAN MILL ROAD, WHITTIER, CA 90601, PHONE (562) 908-3438

PHYSICIAN'S STATEMENT OF DISABILITY FOR WAIVER OF PHYSICAL EDUCATION REQUIREMENT

Student: _____

Date: _____

Address: _____

Student I.D. #: _____

Telephone: _____

D.O.B: _____

Dear Physician:

The above student has petitioned to be exempt from participation in Physical Education Activity at Rio Hondo College for this semester.

FINDINGS AND RECOMMENTATIONS TO THE COLLEGE

I have examined the above-named student and found the following conditions: (Please be specific)

I recommend the following: (check appropriate line)

The student should be exempt from all physical education activities, and I recommend the exemption for:

____ One semester

____ Two semesters

____ Permanently because of a disability

Physician Signature _____

Date _____

Physician Name (Print) _____

Physician License # _____

Address _____

THIS FORM MUST BE FILED WITH THE STUDENT HEALTH CENTER ROOM SS-230 BEFORE EXEMPTION IS GRANTED.