

FORT LEE SCHOOL DISTRICT
FORT LEE, NEW JERSEY

PHYSICAL EDUCATION EXEMPTION NOTICE
FORM 02-D-22

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN AND
RETURNED TO THE SCHOOL NURSE/TEACHER IMMEDIATELY**

Date _____

Student's Name _____ M F DOB _____

Address _____ School _____ Grade _____

Chief Complaint _____

Diagnosis with ICD-10 Code _____

Surgical procedure (if applicable) _____

Treatment _____

May return to school on _____

Special instructions upon return to school _____

May resume Physical Education on: _____

Month Day Year

PHYSICIAN SIGNATURE

DATE

PHYSICIAN PRINTED NAME

PHYSICIAN STAMP
(TO INCLUDE ADDRESS & PHONE NUMBER)