



RIO HONDO COLLEGE COMMUNITY COLLEGE DISTRICT
3600 WORKMAN MILL ROAD, WHITTIER, CA 90601-1699 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 _____ Age _____

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 _____ Medical License # _____ Date _____

Address _____

THIS FORM MUST BE FILED WITH STUDENT HEALTH OFFICE ROOM # SS230 BEFORE EXEMPTION WILL BE GRANTED.
(Fax # 562-908-3481)