Pediatric Clinic
PATIENT visit documentation

PHYSICAL EDUCATION EXCUSE

Name of Patient: _____

Diagnosis: _____

☐ Please excuse from physical education class for _____ days.
☐ Limited physical education with the following instructions:

_____
_____
_____

Thank you.

Physician's Signature: _____ Date: _____

Pediatric Clinic
Evans Army Community Hospital
526-7653