



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