

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEDICAL SERVICES DIVISION**

**HEALTH OFFICE REFERRAL TO PHYSICAL EDUCATION TEACHER**

To: \_\_\_\_\_  
P.E. Teacher \_\_\_\_\_ Period \_\_\_\_\_

From: **HEALTH OFFICE**

Date: \_\_\_\_\_

Student: \_\_\_\_\_  
Last Name First Name Grade

1. Excluded from active work for \_\_\_\_\_ day(s).
2. Excluded from showers for \_\_\_\_\_ day(s).
3. Excluded from dressing for \_\_\_\_\_ day(s).
4. May participate with the following accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Above assignment recommended by \_\_\_\_\_  
Signature

Student dismissed from Health Office at \_\_\_\_\_