



# CAMPBELL-SAVONA CENTRAL SCHOOL

KELLEY MEADE, JR./SR, HIGH SCHOOL PRINCIPAL  
8455 COUNTY ROUTE 125  
CAMPBELL, NY 14821  
(607) 527-9800 x1450

JAMES ANDERSON, ELEMENTARY PRINCIPAL  
64 EAST LAMOKA AVENUE  
SAVONA, NY 14879  
(607) 527-9800 x3170

## Physical Education Medical Exemption

(The following must be completed by a physician, physician assistant, or nurse practitioner.)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This is to certify that this student was seen on \_\_\_\_\_ (date) by \_\_\_\_\_ (physician or medical professional).

Please confirm the diagnosis determined at visit: \_\_\_\_\_

The student will (check all that apply):

\_\_\_ attend a follow- up appointment on (date) \_\_\_\_\_

\_\_\_ return to Physical Education class immediately with the following restrictions (list):  
\_\_\_\_\_

\_\_\_ be exempt from Physical Education until (date) \_\_\_\_\_

\_\_\_\_\_  
(Medical Professional's Printed Name)

\_\_\_\_\_  
(Medical Professional's Signature)

Physician Stamp:

\_\_\_\_\_  
(Date)