

**LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES**

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 _____