

# SUNY BROOME

Student Health Services  
P.O. Box 1017 • Binghamton, New York 13902  
Phone: 607-778-5181 • Fax: 607-778-5530

TO: Health Care Provider

FROM: SUNY Broome Student Health Services

SUBJECT: Physical Education Waiver

THE FOLLOWING FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER AND RETURNED TO THE STUDENT HEALTH SERVICES OFFICE, THE COMMONS, ROOM 102, PRIOR TO REQUESTING EXEMPTION FROM PHYSICAL EDUCATION CLASSES:

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Physical Examination Completed on \_\_\_\_\_ (date) for purpose of waiving physical

education requirement. This waiver IS / IS NOT (circle one) permanent. The waiver is effective from:

\_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

As a health care provider, I certify that this named student is NOT ABLE to participate in physical education classes.

If student is not able to participate in physical education, or if there are any limitations to one's participate, please comment below as to the reason:

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Though the student may not participate physically, he/she may engage in didactic studies, i.e., classroom discussion, assigned readings. Yes No (circle one)

Signature of certified healthcare provider \_\_\_\_\_

Print Name: \_\_\_\_\_

NYS/DEA Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_