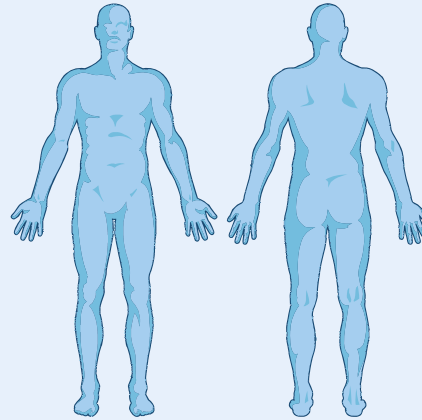


Medical Dispensation for School Physical Education

Last name _____ No participation at all
First name _____ Limited participation in PE is possible
Date of birth _____
Adress _____ Duration of limited participation from _____ to _____
Tel. Nr. _____ Next medical examination date is scheduled _____

The following parts of the pupil's body should NOT be stressed during PE lessons:



When practising the checked activities the following advice should be considered:

Permitted sport activities

Team sports / body-contact sports

Gymnastics

All kinds of jumping-exercises

Endurance training

Strength training

Water activities /swimming

Allergies- / allergic reactions to pollen

The pupil is permitted to practice the following activities and movements listed in the video catalogue of activdispens.ch

Upper limbs

Lower limbs

Trunk including upper limbs

Trunk including lower limbs

Additional recommendations:

Please contact

Doctor

Physiotherapist

Name of school:

Date of issue:

PE teacher:

Doctors stamp and signature: