



Dear Injured Firecat,

This is the medical exemption packet for UIC College Prep for the 2016/2017 school year. Please make sure that this packet (this page and page 2) is submitted back to the UIC College Prep main office upon returning to school.

When arriving to the main office with proper documentation, please have the office team make two copies of this packet. As a student, please bring one copy to your ROPE instructor and the additional copy is your copy.

In order to activate your needed uniform and physical accommodations, this packet must be on file. All UIC school uniform accommodations are good for 10 weeks of instruction.

UIC SCHOOL UNIFORM NEEDS

Student Name: _____

Advisor: _____

Grade: _____

To be filled out by medical provider

Does this student need accommodations the UIC School Uniform YES NO

If so, please explain.

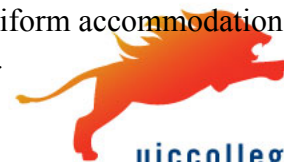
Start Date of Uniform Accommodations: _____

End Date of Uniform Accommodations: _____

Date of Next Scheduled Follow Up Appointment: _____

****Note**** All uniform modifications must be updated every 10 weeks.

****Note**** If you have an existing IEP / 504 that requires a school uniform accommodation, you are only responsible for filling out the second page of this document.





Medical Exemption Documentation Form

For School's Main Office
Date of Submission:

It is the mission of Noble to help our students grow in the areas of mental, physical, and emotional health. Noble physical education programs are diverse, fitness based, and aimed at improving the overall health of students.

**COMPLETED BY PARENT/GUARDIAN
(PLEASE PRINT)**

Student Full Name:	Student ID :
Parent / Guardian Full Name:	
Parent / Guardian Signature:	Date:
By signing this document, you verify that the medical information below is correct and was completed by a licensed doctor, specialist, or certified athletic trainer.	

**COMPLETED BY MEDICAL FACILITY
(PLEASE PRINT)**

Medical Facility	Contact Phone Number:
Date of Visit :	
The above listed student is excused from/ should receive modified (circle one) PE and/or athletics for the following dates:	
Start Date: / /	End Date : / /

What is the nature of the injury or illness that will affect the student's participation in fitness and athletics?

What limitations does the abovementioned injury/illness present?

Can the student run outdoors (Y / N), do sit-ups (Y / N), and/or push-ups (Y / N)?

For the following options, please indicate if the following exercises are permitted (YES) or not (NO).
If the exercise is permitted with limitations, please circle YES and indicate the limitations in the explanation section below.

Exercise	Permitted?		Please Explain Limitations
	YES	NO	
Upper body exercises	YES	NO	
Lower body exercises	YES	NO	
Stretching	YES	NO	
Running	YES	NO	
Low-impact cardiovascular exercises	YES	NO	
Core/abdominal exercises	YES	NO	
Jumping/ agility	YES	NO	
Walking	YES	NO	
Other:			

I verify that the student above visited our facility for consultation and/or treatment for an injury, illness or medical condition.

Name of Doctor/ Specialist / ATC / Physician Assistant / Facility Representative :	Medical Facility Stamp:
Signature :	