



**PASADENA CITY COLLEGE
STUDENT HEALTH SERVICES**

1570 East Colorado Blvd., D105
Pasadena, California 91106-2003
626-585-7244 FAX 626-585-7933

Date: _____

To: Medical Provider

From: Coordinator

Re: _____ Lancer ID#: _____

The above named student is requesting an exemption from physical education. Pasadena City College requires all students to complete two (2) units of physical education (PE) in order to complete general education requirements toward an associate's degree. Each PE class is one (1) unit. The class usually meets two-three times/week for 1-1.5 hours. A maximum of three hours per week.

It is understandable that some students may have a medical condition that would prohibit them from participating in **regular** PE classes. To accommodate students requiring a less rigorous program, Pasadena City College offers **other** PE classes for students with physical restrictions.

Stretching Fitness (KINA 033) — Emphasis on achieving and improving level of flexibility through basic stretching exercises.

Beginning Fitness (KINA 032A) — Emphasis on achieving an improved level of physical performance through basic training with weights, circuits, aerobics and stretching programs.

Adapted Fitness (KINA 027A-B-C) — Emphasis on exercises to increase level of physical, motor, and postural fitness through training with weights, stretching exercises and relaxation techniques. This class is designed for physically disabled or acquired brain injury individuals.

Beginning Aquatic Fitness (KINA 028A) — Physical fitness activities in the pool. (No swimming skill necessary.)

Regular Physical Education — Includes all levels of: swimming and diving; modern, jazz, and ballet dance; fitness activities, body building, cycling, self-defense, badminton, fencing, golf, racquetball, downhill ski techniques, basketball, soccer, volleyball, and intercollegiate sports.

Student Health Services is committed to helping students maintain their **wellness** and meeting the college curriculum requirements. **If, in your clinical judgment, your patient could benefit from a modified PE class, please indicate below which activities are most appropriate. Please add specific information that may be helpful to your patient in working with the Kinesiology, Health and Athletics Division.**

Date: _____ Medical Diagnosis: _____

Physical Restriction: Temporary Permanent Beginning _____ Ending: _____
Date Date

- May participate in: Stretching Fitness (KINA 033)
 Beginning Fitness (KINA 032A)
 Adapted Fitness (KINA 027A, B, C)
 Beginning Aquatic Fitness (KINA 028A)
 Regular Physical Education Class

Comments: _____

Medical Provider: _____ Phone: _____ FAX: _____

(Print) Name Signature Degree State Lic. No.