

WEST MORRIS MENDHAM HIGH SCHOOL

65 EAST MAIN STREET, MENDHAM, NEW JERSEY 07945

Principal
STEVE RYAN

Assistant Principals
JOSEPH GEDDES
MELISSA HEIKE
JESSICA LASUSA
ANNE MEAGHER

Director of School
Counseling Services
JOHN MCGOLDRICK



Phone: (973) 543-2501
Fax: (973) 543-6950
www.wmmhs.org

Re: Medical Exemption/Physical Limitation

Dear Parent/Guardian

Please be aware that there has been a change within our Physical Education program involving students that are unable to participate for medical reasons. Moving forward, any student who is absent from five (5) classes for one month or more, will be required to complete a written alternative assignment. These modifications will allow your child to be able to receive the appropriate physical education credits while he/she is unable to participate fully due to a medical condition. To fulfill the new requirement, students must make arrangements with their physical education teacher. Failure to do so may result in loss of credit.

Your physician must complete the form below, in order to help staff develop an appropriate program for the student. Please return via Fax or drop off to the main office.

Health Office Contacts: Phone#: 973-543-2501 x4490 or x4495 Fax#: 973-543-0283

Physician's Recommendations

Student Name: _____

Diagnosis: _____

Date of return or physician follow up: _____

Physical Limitations: _____

Activities the student may participate in: _____

(Please refer to the attached Physical Education Activities Guide for Student Participation. Please identify:
Non-Contact/ Non-Strenuous/ Non-Contact Strenuous/ Limited Contact / Contact Sports and/or Written Assignment)

The physician and parent's signature denote consent to fully communicate regarding the care of the student above. The nurse will communicate approximately every month with the physician to ensure the appropriateness of the program designed for him/her as well as update medical excuses that are extended based on medical findings.

Physician's Signature

Date

Parent/Guardian Signature

Date

(Office Stamp of physician for validity)

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Physical Education Activities Reference Guide

Please indicate the activities in which the student is cleared to participate. Should the student not be cleared for any Physical Education activities, please fill in **Written Assignment**.

Non-Contact Sports

NON STRENUOUS --Light Strength Training -Low Impact Project Adventure -Walking -Yoga
-Group Games -Back Yard Games (Can Jam, Bocce, etc...) -Aerobics

STRENUOUS -Archery -Project Adventure -Strength Training -Tennis -Ultimate Frisbee -Track
and Field -Badminton

Limited Contact

Gymnastics/Tumbling Skills
Softball
Team Handball
Volleyball

Contact Sports

Basketball Floor Hockey
Football
Indoor/Outdoor Soccer
Team Sports