

**NESHAMINY PE NOTE**

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TO** \_\_\_\_\_

**REASON:**

**PLEASE CIRCLE IF APPLIES:**

CUT

FRACTURE (BREAK)

EAR ACHE

BRUISE

CONCUSSION

SORE THROAT

STRAIN

U.T.I.

RESPIRATORY INFECTION

SPRAIN

COLD

ASTHMA

OTHER: \_\_\_\_\_

MENSES

**PARENT SIGNATURE:** \_\_\_\_\_

\* A Doctor's note is required for more than 3 consecutive missed classes.

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