



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parents:

According to the Texas State Board of Education Rules for Disabled Students, it is required that a student with Downs Syndrome have an x-ray to determine any limitations and/or restrictions to his/her full participation in a physical education program. Please share the attached information with your physician, have him complete this form, and return the completed form to your child's school at your earliest convenience.

**TO BE COMPLETED BY THE EXAMINING DOCTOR**

The above named student may participate in the school's physical education program without restriction.

The above-named student may participate in the school's physical education program with the following restrictions:

\_\_\_\_\_

The above-named student may not participate in the school's physical education program for the following reasons:

Additional Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Required x-rays: \_\_\_\_\_

Atlantoaxial Dislocation Condition:  Present  Absent

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address