



# ACADÉMIE DE GRENOBLE

Liberté  
Égalité  
Fraternité

## MEDICAL CERTIFICATE FOR PHYSICAL EDUCATION

Sample to be used for school medical certificate

Les circulaires n° 2019-129 du 26-9-19, du 29-12-20 et du 17-7-20 rappellent que seuls les handicaps ne permettant pas à l'intéressé une pratique adaptée entraînent une dispense d'épreuve. **De nombreuses épreuves adaptées existent pour pallier une inaptitude partielle ou un handicap**

I, the undersigned, Doctor ..... hereby certify that I have examined the student (family, name) ....., born on ..... and noted that, today, his/her health status implies that he/she is

### PARTIALLY ABLE TO TAKE PART in P.E lessons

From ..... to ..... inclusive

*Student needing special requirement*

#### Indicate what the student CAN DO during the lesson

##### Type of action :

walk  run  jump  head down  throw  lift  carry

*Any additional information:* .....

##### Type of effort :

brief and intense  prolonged (limit duration to....)

Stop exercising if signs of  breathlessness  tiredness  pain

##### Type of sporting environment :

wet  heights (climbing..)  contact sports (rugby, judo..)

##### Other special requirements :

- controls for climatic conditions (air pollution, extreme heat..)
- physical activity with limited impact strain on body (e.g swimming)
- physical activity with limited range of movements (table tennis, mini pitch..)
- physical activity requiring only certain articulations (please specify)

#### Additional remarks to assist P.E staff

*(e.g special requirements : longer period of rest, shorter period of physical effort..)*

### TEMPORARILY COMPLETELY UNABLE TO TAKE PART in P.E lessons

From ..... to ..... inclusive

Place : ....., date : .....

Stamp and signature of the medical practitioner consulted

*Any addition, overprint, or deletion as well as the absence of the stamp and signature clearly identifying the medical practitioner consulted will render this certificate invalid.  
The medical certificate must be sent within 48 hours to the candidate's school or, in case of a candidate not being enrolled in a school, to the DEC.  
According to Article D312-4 of the Education Code, a medical certificate cannot be retroactive.*

*Part reserved for administrative purposes*

Delivered or received on ..... on behalf of .....

*The person receiving the certificate must verify its conformity and refuse it if it is incomplete or not valid.* (Name, first name, link with pupil)

#### National education medical practitioner

*If cumulative incapacity is more than 3 months*

Date :

Signature:

#### P.E. Teacher

Name :

Date :

Signature

#### Head of school

Name

Date

Signature:

The school doctor will receive all unfitness certificates for a period superior to 3 consecutive months or periods totalling 3 months. Whatever the period, the doctor traitant can, if he wishes, give in a confidential letter addressed to the scholl doctor, the student diagnostic. In case the student doesn't produce a new certificate, he will be considerate as fit for starting again physical education and sport

## **Partial aptitude or complete incapacity for physical practice : Use of the Certificate**

### **Preamble and reminder of definitions:**

An injury, a pathology, a convalescence or a handicap may limit physical practice or not allow it at all. This is called partial physical aptitude or complete physical incapacity.

Medical certificates and common language frequently confuse physical incapacity and exemption.

**Partial aptitude** : allows the practice of physical activities with accommodations

**Complete incapacity** : does not allow the practice of physical activities but does not exempt from class attendance

**Exemption** : authorises to not participate in a class or an examination

### **Examples of accommodations in the case of partial aptitude :**

#### **Example 1 :**

**FUNCTIONS** : walk / run / jump / throw / lift / carry

**Comment** : instead of running a cross-country race, the student may walk. The distance and the intensity of the effort may be adapted.

#### **Example 2 :**

**TYPES OF EFFORT** : Intense and short      prolonged (duration limited to.....)

Ad-hoc interruptions of the activity in case of signs of : panting / fatigue / pain

**Comment** : students in menstrual pain may stop or moderate their activity.

#### **Example 3 :**

**SPECIFIC ENVIRONMENT** : aquatic environment / altitude / height / other

**Comment** : during the climbing activity, an epileptic student will be able to participate in the activity but will not be allowed to secure other climbers on their own

#### **Example 4 :**

**OTHER POSSIBLE ACCOMMODATIONS** :

Adaptations due to weather conditions (pollution, dry cold, etc)

Physical activities to lighten the body : swimming   cycling   other

Physical activities with limited movement and/or in body axis

Physical activities not involving certain articulations (please indicate) : knees

**Comment** : during the swimming activity, the teacher may suggest the use of a pullbuoy to block the legs while allowing the training of the arms and the cardiovascular system.