

# HANDICAPPING DISABILITY CERTIFICATE FOR SPORTS AND PHYSICAL EDUCATION

SCHOOL : \_\_\_\_\_

BACCALAURÉAT GÉNÉRAL - SÉRIE : \_\_\_\_\_

I undersigned, medical doctor : \_\_\_\_\_

Address : \_\_\_\_\_

Phone number : \_\_\_\_\_

In accordance with « décret 88-977 du 11 octobre 1988 », certify having examined the student

First name, name \_\_\_\_\_, date of birth \_\_\_\_\_

and observed, at the present time, that his/her health entails :

a partial handicapping disability      or       a complete handicapping disability  
(students studying at school)

from \_\_\_\_\_ to \_\_\_\_\_ (1)

In the case of a partial inaptitude, to allow for an adaptation of the lesson to the students' capacities, please specify if the handicapping disabilities are related to :

- types of mouvement (amplitude, speed, weight, posture, etc...)
- types of effort (muscular, cardio-vascular, respiratory, etc...)
- capacity of effort (intensity, duration, etc...)
- types of environment (heights, in-water, atmospheric conditions, etc...)

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Date, signature and stamp of physician.

(1) The student would be considered apt to participate in the physical education if a new certificate is not provided at the end of this one.

**No retroactive partial or complete disability certificate will be accepted**