

PT Excuse Form

Name: _____ CAPID: _____ Date: _____

Physical Fitness Category: _____ Doctor's note: yes / no

Events requested:

Mile Run: _____ Shuttle Run: _____ Push Ups: _____ Sit Ups: _____ Sit & Reach: _____

Reason for request:

Approved / Disapproved - _____ DCC/ OIC

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