



Date: _____

To Whom It May Concern,

_____ is a patient of Dr _____ at the Pediatric Rheumatology CORE at Children's Hospital Los Angeles. He/She has been diagnosed, and is being treated for, Juvenile Idiopathic Arthritis (Systemic, Pauciarticular, Polyarticular, Psoriatic, Spondyloarthropathy). Additional information regarding this diagnosis is available at www.arthritis.org.

The following recommendations are applicable for the school year 2013-2014:

- _____ Full participation in all physical education activities, no limitations
- _____ Full participation in all physical education activities, limited to student's tolerance level (stop for pain/fatigue/shortness of breath)
- _____ Limited participation in physical education to include a graduated exercise program of walking, stretching, and muscle strengthening, with no running, jumping or bouncing, limited to student's tolerance level
- _____ Student is in active Physical and/or Occupational therapy. Please give student PE credit 1 hour for each hour of supervised therapy. Attends _____ hours of therapy per week.
- _____ Exemption from physical education classes until _____
- _____ Allow student additional time, 5 - 10 minutes, to walk in between classes
- _____ Allow access to the elevator
- _____ Provide two sets of books; one to remain in the classroom and one to remain at home
- _____ No weight lifting and/or No contact sports
- _____ Recommend 504 plan or IEP
- _____ Other: _____

If you have any questions or concerns please contact:

Sandra at (323) 361-2890 or via e-mail smintz@chla.usc.edu or Peggy at (323) 361-6893 or via e-mail phoyt@chla.usc.edu.

Sincerely,

Sandra Mintz, RN BSN; Peggy Hoyt, RN BSN MHA
Pediatric Rheumatology CORE at Children's Hospital Los Angeles

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