



**PHYSICAL EDUCATION MEDICAL PROJECT**  
**COVER PAGE**

PLEASE ATTACH THIS SHEET TO THE FRONT OF EACH WEEK OF YOUR MEDICAL PROJECT

This must be turned in when medical is up or the end of the marking period.  
(Which ever comes first)

To be filled in by student:

NAME: \_\_\_\_\_

PHYSICAL EDUCATION PERIOD: \_\_\_\_\_

ATTENDANCE/MASTER TEACHER: \_\_\_\_\_

PROJECT WEEK: (CIRCLE ALL THAT APPLY)

WEEK #1 WEEK #2 WEEK #3 WEEK #4 WEEK #5

To be completed by the teacher:

Date handed in: \_\_\_\_\_

Requirements Met: YES NO