

# MONROE-WOODBURY CSD HEALTH OFFICE

## PHYSICAL EDUCATION MEDICAL RECOMMENDATION FORM

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

All students are required by New York State Education Law to attend physical education classes. Any student who is unable to participate fully in the entire program must have activities modified to meet his/her individual needs. In order to modify \_\_\_\_\_ activities, please complete the form below.

**If activity is limited, please check what he/she SHOULD NOT do in the following list:**

|              |         |                      |                    |          |
|--------------|---------|----------------------|--------------------|----------|
| Bending      | Hanging | Kicking              | Pushing            | Swimming |
| Body contact | Hitting | Lifting (lower body) | Running (distance) | Throwing |
| Catching     | Hopping | Lifting (upper body) | Sprints            | Tumbling |
| Climbing     | Jogging | Lunging              | Squatting          | Twisting |
| Diving       | Jumping | Pulling              | Stretching         | Walking  |

Above floor level activities (i.e. balancing)

Other (specify)

**Check any activity this student SHOULD NOT participate in:**

|              |               |            |                 |
|--------------|---------------|------------|-----------------|
| Aerobics     | Cross Country | Gymnastics | Swimming        |
| Archery      | Diving        | Ice Hockey | Tennis          |
| Baseball     | Field Events  | Lacrosse   | Track           |
| Basketball   | Field Hockey  | Skiing     | Volleyball      |
| Bowling      | Football      | Soccer     | Weight Training |
| Cheerleading | Golf          | Softball   | Wrestling       |

Additional Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Phone Number