

# SCOTCH PLAINS-FANWOOD HIGH SCHOOL

## Physical Education Medical Report

Name: \_\_\_\_\_ Grade \_\_\_\_\_

This report will assist the Physical Education Department in providing the best possible program while a student is under your care. Our philosophy is to keep students as active as possible when medically excused or limited from activity. Our program is quite diverse and we try to modify activities so that students can participate. This report will assist us in placing students into an appropriate activity. This form should be returned to the school nurse. If you have any questions regarding the physical education program or this report, please feel free to contact the nurses at 908-889-8600 ex 31020

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

1. \_\_\_\_\_ Allow for full participation in PE without restriction
2. \_\_\_\_\_ Excuse from all PE activity/Sports from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_\_ Allow modified participation until \_\_\_\_/\_\_\_\_/\_\_\_\_:  
Describe any limitations and accommodations needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate by check mark the student's level of participation:**

Team Activities	Non-Contact Activities	Fitness Activities
<p>____ <b>May do all activities listed below</b></p> <p><b><u>MAY ONLY DO:</u></b></p> <p>____ Basketball</p> <p>____ Frisbee (ultimate)</p> <p>____ Lacrosse</p> <p>____ Soccer</p> <p>____ Softball</p> <p>____ Team Handball</p> <p>____ Touch/Ultimeate Football</p> <p>____ Volleyball</p> <p>____ Project Adventure (Team Building Activities)</p>	<p>____ <b>May do all activities listed below</b></p> <p><b><u>MAY ONLY DO:</u></b></p> <p>____ Badminton</p> <p>____ Golf</p> <p>____ Pickleball</p> <p>____ Tennis</p> <p>____ Yoga</p> <p>____ Guided meditation/personal Wellness</p> <p>____ Recreation Games (including Bocce Ball, Cornhole, Ladder Ball, KanJam)</p>	<p>____ <b>May do all activities listed below</b></p> <p><b><u>MAY ONLY DO:</u></b></p> <p>____ Calisthenics</p> <p>____ Free Weight Training</p> <p>____ Lower Body</p> <p>____ Upper Body</p> <p>____ Stationary Bike</p> <p>____ Treadmill</p> <p>____ Other</p> <p>____ Jogging</p> <p>____ Walking</p> <p>____ Push ups</p> <p>____ Sit ups</p>

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

Date \_\_\_\_\_

Stamp:

Physician's Name: \_\_\_\_\_

Address \_\_\_\_\_

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

(please use office stamp)

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