

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 3508

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>____ May do all activities listed below</p> <p>MAY ONLY DO:</p> <p>____ Basketball</p> <p>____ Frisbee (ultimate)</p> <p>____ Lacrosse</p> <p>____ Soccer</p> <p>____ Softball</p> <p>____ Team Handball</p> <p>____ Touch/Ultimate Football</p> <p>____ Volleyball</p>	<p>____ May do all activities listed below</p> <p>MAY ONLY DO:</p> <p>____ Archery</p> <p>____ Badminton</p> <p>____ Golf</p> <p>____ Pickleball (variation of paddleball)</p> <p>____ Tennis</p> <p>____ Yoga</p> <p>____ Guided meditation</p>	<p>____ May do all activities listed below</p> <p>MAY ONLY DO:</p> <p>____ Calisthenics</p> <p>____ Circuit Weight Training (Single Station Exercise Equip)</p> <p>____ Lower Body</p> <p>____ Upper Body</p> <p>____ Stationary Bike</p> <p>____ Other</p> <p>____ Jogging</p> <p>____ Walking</p> <p>____ Mile run</p> <p>____ Pacer running test</p> <p>____ Shuttle run</p> <p>____ Standing broad jump</p> <p>____ 40 yard dash</p> <p>____ Push ups</p> <p>____ Sit ups</p>

Physician's Signature _____

Date _____

Physician's Name: _____

Address _____

Phone: _____

(please use office stamp)