

Physical Education Restriction Form

Name of Student: _____ Grade _____ Date of Birth _____

(to be completed by physician)

As a result of an examination of this child, the following diagnosis has been made

_____ .

This child has no physical education restrictions for the _____ school year.

This child may not participate in physical education from _____ until _____.

This child may participate in the following activities: (please check all that apply)

Physical Education Team Sports

- Football/flag football
- Basketball
- Soccer
- Floor hockey
- Volleyball
- Softball
- Kickball

Racquet Sports

- Tennis
- Racquetball
- Badminton
- Pickle Ball (indoor tennis)

Fitness

- Jogging
- Running
- Aerobic Dance
- Walking
- Flexibility
- Yoga/Pilates
- Push-up
- Sit-ups
- Light resistance bands
- Light hand-held weights

Project Adventure

- High elements
- Low elements(12" from floor)
- Rock / wall climbing
- Group cooperative games

Rhythmic Group Activity

- Line Dancing
- Square Dancing
- Social Dancing

Weight training

- Stair Climber
- Stationary bike
- Free Weight lifting
- Upper body strength training
- Elliptical Trainer
- Treadmill
- Lower body strength training

This restriction is in effect from _____ until _____.

Signature and stamp of Provider

date