

PLAINEDGE PUBLIC SCHOOLS – DEPARTMENT OF PHYSICAL EDUCATION
MEDICAL RESTRICTION FORM

All students registered in the schools in New York State are required by education law to attend classes in Physical Education. These classes are required to be modified to meet individual student needs when a student is unable to participate in the unrestricted Physical Education program. Your recommendation will assist the Physical Education Department in modifying this student's program.

RETURN THIS FORM TO THE SCHOOL NURSE

Name of Student _____ PE Class Period _____

Diagnosis _____

*Dates of Restriction: FROM _____ TO _____

*****MUST BE A SPECIFIC TIME FRAME - "UNTIL FURTHER NOTICE" IS NOT ACCEPTABLE*****

____ Can Participate in Physical Education and Sports without Restrictions

____ Can Participate in the Physical Education Program on a Self Limited Basis

____ This student **MAY NOT** participate in the following Physical Education activities:

- | | | |
|---------------------|-----------------------------------|------------------------|
| ____ Soccer | ____ Badminton | ____ Floor Hockey |
| ____ Softball | ____ Basketball | ____ Paddle Ball |
| ____ Touch Football | ____ Team Handball | ____ Modified Lacrosse |
| ____ Square Dance | ____ Rope Jumping | ____ Aerobics/Step |
| ____ Jogging | ____ Volleyball | |
| ____ Speedball | ____ Weight Training (Upper Body) | |
| ____ Tennis | ____ Weight Training (Lower Body) | |

____ Can Participate in a Walking Program

____ No Physical Activity Permitted

COMMENTS _____

Doctor's Signature _____ Date _____

Doctor's Stamp _____ Phone # _____