

SCHOOL HEALTH SERVICES
WAPPINGERS CENTRAL SCHOOL DISTRICT

_____ SCHOOL

PHYSICAL EDUCATION RESTRICTION FORM

To: Dr. _____

From: _____

Student: _____ ID # _____ Grade _____

All students registered in the schools of New York State are required by the Education Law to attend courses of instruction in Physical Education. A student who is unable to participate in the entire program will have his/her activities modified.

Diagnosis: _____

Duration of restrictions: _____

When shall the student return to you for re-evaluation? _____

This student may participate in all Physical Education Class activities and in competitive sports, intramural and interscholastic. Yes No

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

PHYSICAL EDUCATION CLASS ACTIVITIES

- | | | |
|--------------------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Slimnastics |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> (Exercises) |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Handball | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Paddleball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Personal Fitness | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> (Weight Training) | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Dance, social | <input type="checkbox"/> Running | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Dance, folk & square | <input type="checkbox"/> Self Defense | |
| <input type="checkbox"/> Football, Touch or Flag | <input type="checkbox"/> Shuffleboard | |

INTRAMURAL AND INTERSCHOLASTIC SPORTS

- | | | |
|----------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Field Hockey |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Golf | |

Physician Signature

Date