

****This form needs to be completed by your son/daughter's doctor. Once completed, please return this form to the HS Nurse's Office ASAP.**

Guilderland High School Physical Education Program Modification Physician's Recommendation

Patient's Name _____ Date of Birth _____ Grade _____

DIAGNOSIS _____

Physical Education is a New York State education requirement. We are encouraging students who cannot participate fully in Physical Education to participate in as active a manner as their injury will allow. We have established an adaptive Physical Education program to meet these student's needs. In order for this program to work effectively, we need you to recommend what activities the student can and cannot participate in during class.

Please check where participation is recommended:

_____ UPPER BODY MOVEMENTS

_____ LOWER BODY MOVEMENTS

_____ ABDOMINAL MOVEMENTS

May the student participate in a non-active role?

(i.e., official, coach, scorekeeper)

YES or NO (Please Circle)

Contraindicated movements:

Restriction Ending Date: _____

Physician's Comment:

_____ Permission to use student's own crutches in school

_____ Permission to use student's own wheelchair in school

Physician's Signature _____ Date _____

*Guilderland High School Nurse's Office 861-8591, Ext. 3030 or 3031
Nurse's Confidential Fax 861-5151*

NOTE: Adaptive PE is during Advisory period at 9:45 am in the Weight Room.

Revised June '10