

Name of Student: _____ Grade _____ Date _____

Please Advise Re: _____

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Health Care Provider Findings (Please state condition and relevant dates):**Please ☒ the level of physical activity for school, physical education and playground activities permitted:**

- ☐ No restrictions. The above student may resume full activity.
- ☐ The above student may participate if the ☒ protective equipment is worn:
☐ helmet ☐ mouth guard ☐ chest pad ☐ wrist guards ☐ joint pads ☐ eye wear
- ☐ The above student should not participate in the activities ☒ below:

INDIVIDUAL & PARTNER ACTIVITIESApparatus

- ☐ Balance Beam- Regulation
☐ Balance Beam- Low
☐ Buck and/or Horse
☐ Cargo Net
☐ Horizontal Ladder
☐ Parallel Bars
☐ Rings
☐ Ropes (skills and/or climbing)

Exercises

- ☐ Cardiovascular/Aerobic
☐ Flexibility
☐ Strength
☐ Warm-up

Track and Field

- ☐ Dashes/Sprinting
☐ Distance Running
☐ High Jump
☐ Running Long Jump
☐ Softball Throw
☐ Standing Long Jump

Tumbling

- ☐ Animal Walks
☐ Inverted Balances
☐ Rolls
☐ Sideward Movements
☐ Strengthening Exercises

Miscellaneous

- ☐ Archery
☐ Rhythm and Dance
☐ Rope Jumping
☐ Scooters
☐ Wrestling
☐ Walking

Racquet Activities

- ☐ Badminton
☐ Foam Paddles
☐ Paddle Ball
☐ Tennis

GROUP & TEAM ACTIVITIES

- ☐ Basketball
☐ Dodgeball
☐ Field Hockey
☐ Floor Hockey
☐ Football- Flag
☐ Football- Touch
☐ Kickball
☐ Lead Up Skills for Team Activities
☐ Lead Up Games for Team Activities
☐ Nerf Softball

INDIVIDUAL & LIFETIME ACTIVITIES

- ☐ Air Hockey
☐ Billiards
☐ Darts
☐ Cross Country
☐ Fitness Testing
☐ Golf
☐ Hoola Hoop
☐ Horseshoes
☐ Lacrosse
☐ Outdoor Orienteering

- ☐ Parachute
☐ Pillo Pollo
☐ Playground Ball Play
☐ Rock Climbing Wall
☐ Running Games
☐ Shuffleboard
☐ Softball
☐ Soccer
☐ Table Tennis
☐ Tag Games
☐ Tug of War
☐ Volleyball

Other Activity Not to Participate _____

Comments _____

Duration of Excuse: ☐ This School Year ☐ Other _____

Health Care Provider Name [Please Print] _____

Health Care Provider [Signature] _____ Date _____

Address _____

Please return this form to:

Telephone () _____

FAX () _____