

Physical Education Modification Recommendation

Dear Doctor,

Date: _____

In compliance with State Education Code, Section 51222, we provide courses in physical education for all students enrolled in the day secondary schools in this district (We modify Physical Education Programs for students who have physical limitations.) Please provide us with the information listed below which will help us to plan an appropriate program for the following student:

NAME	SCHOOL	GRADE
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Diagnosis: _____

Please check the appropriate item or items recommended for the student:

- | | |
|---|--|
| <input type="checkbox"/> A. Walking (≤ 15 min/mile) | <input type="checkbox"/> G. Swimming |
| <input type="checkbox"/> B. Jogging | <input type="checkbox"/> H. Weight training __Arms __Legs __Both |
| <input type="checkbox"/> C. Quiet games (<i>checkers, darts</i>) | <input type="checkbox"/> I. Upper body activities |
| <input type="checkbox"/> D. Moderate activities requiring no running
(<i>shooting baskets, playing catch</i>) | <input type="checkbox"/> J. Lower body only |
| <input type="checkbox"/> E. Moderate activities requiring some running
(<i>hitting balls against backboard, volleyball, badminton, lob ball</i>) | <input type="checkbox"/> K. Postural correction exercises |
| <input type="checkbox"/> F. Active games (<i>soccer, speedaway, basketball</i>) | <input type="checkbox"/> L. Physical conditioning exercises |
| | <input type="checkbox"/> M. No gymnastic activities |

Please list, in detail, any physical therapy that has been prescribed for the student: _____

Is there any reason student can't dress in gym clothes? _____

The student can return to full participation without restriction on: _____

Physician's Signature

Physician's Name (print)

Physician's Address

Telephone

Parent's Authorization: I hereby give my consent to the school district named above to receive from or send to my child's medical advisors any information which concerns my child's health.

Signature of Parent or Guardian

Date

- | | |
|--|--|
| <input type="checkbox"/> El Dorado H.s., 561 Canal Street, Placerville, CA 95667 | <input type="checkbox"/> Ponderosa H.s., 3661 Ponderosa Rd., Shingle Springs, CA 95682 |
| <input type="checkbox"/> Independence H.S., 385 Pleasant Valley Rd., Diamond Springs, CA 95619 | <input type="checkbox"/> Union Mine H.s., 6530 Koki Lane, El Dorado, CA 95623 |
| <input type="checkbox"/> Oak Rldge High School, 1 120 Harvard Way, Et Dorado Hills, CA 95762 | <input type="checkbox"/> Vista H.s., 561 Canal Street, Placerville, CA 95667 |

RETURN THIS FORM TO THE SCHOOL NURSE