



El Dorado Union High School District

EL DORADO HIGH SCHOOL

Responsibility • Integrity • Acceptance • Kindness
Respect • Spirit

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(530)622-3634 Fax (530)622-1802

Physical Education Department MODIFIED Activities Checklist:

My patient, _____ CAN perform the functions checked below:

*Students MUST be able to perform at least **ONE activity from EACH of the 4 boxes** below. Exclusion from activity for 5 weeks in a semester will result in alternate class placement.

Select 1 activity from each box:

<p><u>Cardiovascular Endurance</u></p> <p><input type="checkbox"/> Walking (\leq 15 min/mile)</p> <p><input type="checkbox"/> Jogging</p> <p><input type="checkbox"/> Sprinting</p>	<p><u>Muscular Strength</u></p> <p><input type="checkbox"/> Upper Body Strength Training</p> <p><input type="checkbox"/> Lower Body Strength Training</p> <p><input type="checkbox"/> CORE/Abs Strength Training</p> <p><input type="checkbox"/> Weight Training __Arms __Legs __Both</p>
<p><u>Swimming</u></p> <p><input type="checkbox"/> Use of Kickboard or leg buoy</p> <p><input type="checkbox"/> NO modification needed for Swimming</p>	<p><u>Flexibility</u></p> <p><input type="checkbox"/> Upper Body Static</p> <p><input type="checkbox"/> Upper Body Dynamic</p> <p><input type="checkbox"/> Lower Body Static</p> <p><input type="checkbox"/> Lower Body Dynamic</p>

Diagnosis: _____

Comments to support ACTIVE modifications:

_____ *Absolutely **NO** physical participation* Cannot change into PE uniform _____

These restrictions should continue until: _____

Signature of physician: _____ Date: _____

Please Print Name of Physician: _____

Address of Physician: _____

Physician Phone Number: _____

In compliance with State Education Code, Section 51222, EDUHSD provides courses in physical education for all students enrolled in the district (Physical Education Programs are modified for students who have physical limitations).