

CENTRAL BUCKS SCHOOL DISTRICT

то:	Dr.			DAT	TE:	
FROM:	Physica	l Education Department,			school	
educatio	on. The co	in Pennsylvania schools are ourses can be adapted to mough information you shar	neet the r	needs	school law to attend courses of instruction in physic s of an individual student with a medical excuse. It is t	al ;
Student Name:				Diagnosis:		
could st	ill particip	ate in physical education i	n a mean	ningful	ıl way.	
THE FOLLOWING IS A GENERAL LIST OF ACTIVITIES INCLUDED IN PHYSICAL EDUCATION COURSES. PLEASE INDICATE BY CHECKING THOSE ACTIVITIES IN WHICH THE ABOVE NAMED PATIENT CAN PARTICIPATE:						
<u> </u>	No Activity	Allowed		Γ	Fitness Room Upper body exercises Lower body exercises	_
s	Swimming			<u> </u>	Use of Ergometer	
_ v	Walking			<u></u>	Eliptical	
F	Running:				Treadmill	
T S	Stationary B	ike:		Г	Rower	
T J	ump Rope	-			Abdominal/low back exercises	
Г. V	Weight Wor	k			Non-Contact Sports	
	Officiate Ga	mes			Dyna Bands - fitness stretching	
F R	Recreationa	I Games and dance (aerobics)		Γ.	Hand Weights	
r c	Calisthenics	(stretching, mat exercises)			Health or PE Articles	
ŗ s	Strength Exe	ercis e (push-ups, sit ups)				
lease provide any other information you think will be helpful to us:						
		t I have examined the above that he/she should particip(date).			il on(date) e above checked activities until	
		24			29	
Physician's signature				Physician's name (printed)		
Please fax this form to:				Attention School Nurse:		