



CENTRAL BUCKS SCHOOL DISTRICT

TO: Dr. DATE:

FROM: Physical Education Department, SCHOOL

Pupils registered in Pennsylvania schools are required by school law to attend courses of instruction in physical education. The courses can be adapted to meet the needs of an individual student with a medical excuse. It is our hope that through information you share with us, that

Student Name: Diagnosis:

could still participate in physical education in a meaningful 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:

- | | |
|---|--|
| <input type="checkbox"/> No Activity Allowed | <input type="checkbox"/> Fitness Room <ul style="list-style-type: none"> • Upper body exercises • Lower body exercises |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Use of Ergometer |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Elliptical |
| <input type="checkbox"/> Running: | <input type="checkbox"/> Treadmill |
| <input type="checkbox"/> Stationary Bike: | <input type="checkbox"/> Rower |
| <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Abdominal/low back exercises |
| <input type="checkbox"/> Weight Work | <input type="checkbox"/> Non-Contact Sports |
| <input type="checkbox"/> Officiate Games | <input type="checkbox"/> Dyna Bands - fitness stretching |
| <input type="checkbox"/> Recreational Games and dance (aerobics) | <input type="checkbox"/> Hand Weights |
| <input type="checkbox"/> Calisthenics (stretching, mat exercises) | <input type="checkbox"/> Health or PE Articles |
| <input type="checkbox"/> Strength Exercise (push-ups, sit ups) | |

Please provide any other information you think will be helpful to us:

This is to certify that I have examined the above named pupil on _____ (date) and recommended that he/she should participate only in the above checked activities until _____ (date).

Physician's signature

Physician's name (printed)

Please fax this form to:

Attention School Nurse: