



SCHOOL DISTRICT HEALTH
AND PHYSICAL EDUCATION DEPARTMENT

Dear Doctor:

The State Board of Education requires every pupil to participate in some form of physical education. The range and latitude of the Health and Physical Education Program in any city is so varied that every pupil able to be in school can derive benefit from some phase of the program. Special programs have been developed for those pupils who are not able to participate safely or successfully in the unrestricted activities of the regular program. This program offers a diversified program of developmental activities, games, sports, and rhythms suitable to the capacities and limitations of pupils with disabilities. Please complete this form to assist us in planning a program best suited to the pupil's needs.

NAME _____ SCHOOL _____

ADDRESS _____ GRADE & SECTION _____

TELEPHONE NUMBER _____

Diagnosis or Description of the Condition

Severity of the Condition Chronic: ____ Acute: ____ Permanent: ____ Temporary: ____
Other (specify): _____

Anticipated Date Pupil May Return to Unrestricted Activity: _____, 20____

Date Pupil Should Return for Reexamination: _____, 20____

FUNCTIONAL CAPACITY

___ Unrestricted no restrictions need be placed on the pupil relative to vigorousness or type of activity

___ Restricted pupil's condition is such that the intensity and type of activity needs to be limited (check one category below)

___ Mild ordinary physical activity need not be restricted, but unusually vigorous efforts need to be avoided

___ Moderate ordinary physical activity needs to be moderately restricted and sustained strenuous efforts need to be avoided

___ Limited ordinary physical activity needs to be markedly restricted

ANATOMICAL ANALYSIS

Indicate body area are in which physical activity should be minimized or eliminated

	Minimized	Eliminated	Both	Left	Right
Neck					
Shoulder Girdle					
Arm					
Hands and Wrists					
Abdomen					
Back					
Legs					
Knees					
Feet and Ankles					
Other (specify)					

REMEDIAL - Pupil s condition is such that defects or deviations can be improved or prevented from becoming worse through the use of carefully selected exercises. The following are types of exercises that are recommended for this pupil s condition: (Please be specific)

Signed _____, M.D.

Address _____

Telephone Number _____

Date _____ 20 _____