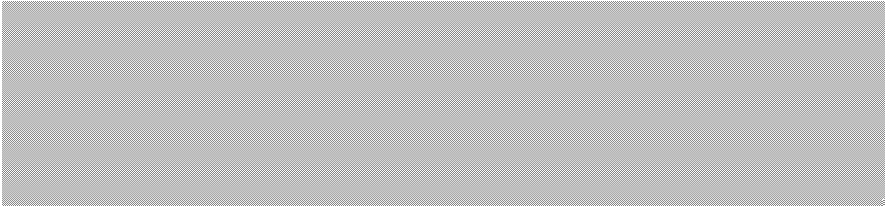
Dunkirk High School Fax to: 716‐366‐9411 Main Office

West 6th Street



**PHYSICAL EDUCATION ACTIVITY RESTRICTION FORM**

Dunkirk, New York 14048

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| Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_ Duration of Restriction: From\_\_\_\_\_\_ To\_\_\_\_\_\_\_ Physician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| **PART 1** ‐ TO RESTRICT PARTICIPATION PLEASE PLACE A CHECK MARK NEXT TO THE RESTRICTED ACTIVITY: | | | |
| **CONTACT/COLLISON** | **LIMITED CONTACT/IMPACT** | | **STRENUOUS/NON‐CONTACT** |
| RESTRICT ALL | RESTRICT ALL | | RESTRICT ALL |
| (PLEASE COMPLETE PART 2) | (PLEASE COMPLETE PART 2) | | (PLEASE COMPLETE PART 2) |
| Floor Hockey | Basketball | | Aerobics/Dance Tennis/Badminton |
| Football (touch/flag) | Kickball/Softball | | Jumping activities Track & Field |
| Group Games | Project Adventure (tag games) | | Pickleball Weight Training |
| Lacrosse | Snowshoeing | | Running/Jogging Mile Run |
| Soccer | Ultimate Frisbee | | Skill Work (Basic) Pacer |
| Team Handball | Volleyball | | Speedminton |
| **NON STRENUOUS/NON‐CONTACT** | | **POOL ACTIVITIES** | |
| RESTRICT ALL (PLEASE COMPLETE PART 2) | | RESTRICT ALL (PLEASE COMPLETE PART 2) | |
| Archery Ping Pong | | State of art facility / 8 lanes / handicapped accessible / water | |
| Balancing Activities Walking | | maintained at 79/80 degrees / ramp /railing and excellent area to do | |
| Golf Weight Training (limited) | | PT | |
| Kan Jam \_\_\_\_ Stationary Bike, Recumbent | | Diving Water aerobics | |
| Orienteering | | Swimming laps Water games | |

**PART** **2 ‐** IF “RESTRICT ALL” IS CHECKED IN ANY CATEGORY ABOVE, CAN STUDENT PERFORM REHAB EXERCISES? YES NO

THE FOLLOWING REHAB EXCERCISES ARE PERMITTED:

**PART** **3** ‐ Dx or REASON FOR RESTRICTION:

# ADDITIONAL COMMENTS:

**PHYSICIAN’S SIGNATURE:**

**DATE:**

# PHYSICIAN’S NAME PRINTED:

**FAX THIS FORM TO: 716‐366‐9411**

**ATTN: DHS Health Office**

# PHYSICIAN’S

**TELEPHONE:**

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| --- |
| **All students registered in the schools of New York State are required by New York State Education Law and Regulations to attend and SATISFACTORIALY participate in courses of instruction in physical education**. **These courses must be adapted to meet individual students needs if the student has medical limitations. This means that a student who is unable to participate fully in the entire program must have activates modified to meet his/her individual needs during the time indicated above** |