

School Year: \_\_\_\_\_

Please complete and return to the Health Clerk at school site

**Recommendations for Physical Activity in School**  
**For Students with Chronic Health Conditions**

**Student Name:**

**Date of Most Recent Evaluation:**

**Diagnosis:**

**Current Medications:**

**The following recommendations are guidelines for physical activity in school:**

\_\_\_\_\_ (1) May participate in the entire physical education program without restriction including *all* varsity competitive sports.

\_\_\_\_\_ (2) May participate in the entire physical education program except for varsity competitive sports where there is strenuous training and prolonged physical exertion, (e.g. football, hockey, wrestling, lacrosse, soccer, basketball). Less strenuous sports such as baseball and golf are acceptable at the varsity level. *All activities are acceptable during the regular physical education program.*

\_\_\_\_\_ (3) May participate in the physical education program *except* for restriction from all varsity sports and from excessively stressful activities such as rope climbing, weight lifting, sustained running (i.e. laps) and fitness testing. Must be allowed to rest when tired.

\_\_\_\_\_ (4) May participate only in mild physical education activities such as circle games, golf, and badminton.

\_\_\_\_\_ (5) May participate in walking activities.

\_\_\_\_\_ (6) Must be allowed to rest when tired or not feeling well.

\_\_\_\_\_ (7) Restricted from entire physical education program.

\_\_\_\_\_ (8) Additional remarks/recommendations:

\_\_\_\_\_ (9) Duration of recommendations:

If there are questions about these recommendations, please contact the office at \_\_\_\_\_

M.D. Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Return to:  
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