

FAIRFIELD LUDLOWE HIGH SCHOOL

Health Office



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Dorothy Lechich RN
LeeAnne Power RN

TO THE PHYSICIAN:

Student's Name _____ Date _____

Onset of Illness or Injury (date): _____ Diagnosis (optional) _____

The student is restricted from: (please check)

- Contact Sports until _____
- Non-Contact Sports until _____
- Bearing weight until _____
- Walking until _____
- Running until _____
- Lower Body exercise/weights until _____
- Upper Body exercise/weights until _____
- Flexibility exercise until _____
- Cardio exercise (stationary bike, elliptical, steppers) until _____

The student may participate in: (please check)

- Team sports (team handball, ultimate Frisbee, floor hockey, basketball, volleyball)
- Racquet sports (badminton, tennis, pickleball)
- Fitness class (strength training, cardio exercise (stationary bike, elliptical, stepper))
- Fitness Walking
- Fitness Boxing
- Yoga
- Pilates
- Dance
- Golf

Next follow-up visit with MD (date if any) _____

Student is cleared to return to full activity including contact sports on (date if known) _____

Health Care Provider's Name Signature Date Phone Number