

STAPLES HIGH SCHOOLS HEALTH SERVICES

Physical Activity Restriction Form

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 _____
_____ Other	until _____

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

To High School Students and Parents:

Students in Grades 9-12 cannot graduate high school unless they have received credit in 12 quarters of Physical Education/Health, only 3 of which may be fulfilled in health class. Students who will miss more than 10 classes per quarter due to extended illness or injury must meet with their physical education teacher to discuss the option to develop a substitute to class participation for which they can be graded and receive .25 course credit.

Parent and student must sign if illness/injury restriction exceeds 10 classes:

I understand that it is the student's responsibility to meet with the PE teacher to develop a substitute to class participation (such as an independent study project) for which the student may be graded and receive credit.

Student's Name Signature Date

Parent's Name Signature Date

**Please bring this form to the School Nurse.
This form must be completed again each quarter that the student is restricted.**