



Millcreek Township School District
3740 West 26^h Street
Erie, PA 16506
814-835-5300

Dear Physician,

Students registered in Pennsylvania Schools are required by law to attend courses of instruction in physical education. These courses are adapted to meet the needs of the individual student. The Millcreek Township School District is interested in working closely with you to provide the correct physical education activities for your patient(s).

If you are treating an individual who is unable to participate in a physical education program according to the grade level state standards due to a physical disability, the physical education program can be modified to meet and/or improve that student's condition.

Meeting the needs of the identified student is our top priority. In order to do so, it will be necessary for you to complete the attached form indicating the diagnosis and please check the appropriate grade level box. **Please note that this form can only be completed by a physician, a physician's assistant or a nurse practitioner.**

Please review the listed activities at the patient's grade level and mark those activities that the student CAN participate. Please feel free to add or edit the list to further clarify any specific concerns that might exist with the identified student. In addition, if there is a specific remedial plan that you prefer to be implemented to assist in the student's recovery, **please attach a copy of the entire plan when returning the enclosed document.** The physical education instructors will utilize this information when planning the appropriate level of instruction.

Finally, please complete the physician's information section with your signature and office demographics. Please know that your signature on this form permits the school nurse to contact you for a phone conference to clarify any information.

Thank you for your cooperation. We look forward to partnering with you to provide this student with a physical education experience that is safe for the student and provides them with an opportunity for remediation.

Sincerely,

Mr. Edward Nientimp
Director of Pupil Services



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 3740 West 26th Street
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Private Physicians Report
 Adapted Physical Education Form
 Completed by Private Physician, PA, CRNP

Student's Name:	Date of Birth: / /
Physician Name:	Address:
Phone: () -	Fax: () -
Date of Exam: / /	Diagnosis:

Due to the condition identified above, this student requires (check one)

Regular Gym Classes as modified Adaptive Gym (may require academic schedule changes) Dance or Athletic Dance Class as modified

Please complete the appropriate **section** below. Note that the following sections list general activities included in the physical education course at each level. Indicate by a check those activities the above student **CAN** participate.

Elementary School Students

<input type="checkbox"/> Stretching	<input type="checkbox"/> Running Games
<input type="checkbox"/> Calisthenics	<input type="checkbox"/> Recreational Sports
<input type="checkbox"/> Cardio/Fitness Machines (Grandview only)	<input type="checkbox"/> Competitive Games
<input type="checkbox"/> Rhythms & Dance	<input type="checkbox"/> Other

Middle & High School Students

Student may wear a heart monitor and exercise in the target heart rate zone of 120-180 BPM
 If not, please specify a therapeutic heart rate zone for this student: BPM

Student may walk at a 12 minute/mile pace. If not, specify the pace/mile:

<input type="checkbox"/> Light Stretching on a mat	<input type="checkbox"/> Recreational Sports (bowling, ping pong, etc)
<input type="checkbox"/> Non-combative games	<input type="checkbox"/> Contact games (flag football, basketball, dodge ball)
<input type="checkbox"/> Walking	<input type="checkbox"/> Weight machines/Free weights
<input type="checkbox"/> Running games	
<input type="checkbox"/> Exercise Machines:	<input type="checkbox"/> Free Climber/Stepper <input type="checkbox"/> Upper Body Ergo Meter <input type="checkbox"/> Treadmill <input type="checkbox"/> Free Runner/Elliptical <input type="checkbox"/> Stationary Bike
<input type="checkbox"/> Aquatics (available for 9 th & 10 th grade only)	
<input type="checkbox"/> Regular Large Pool	<input type="checkbox"/> Exercises in Small Pool <input type="checkbox"/> None of these

Please complete and return this form as soon as possible.

Return/FAX form to _____ School Nurse at () - .
 (Name) (fax number)

The following exercise plan or therapy is also suggested for the identified student. Please specify plan below:

This is to certify that I have examined the student identified above on
 DATE _____ & recommend (s)he should participate **ONLY** in
 the previously checked activities **until** _____.

PHYSICIAN'S SIGNATURE _____ DATE _____

(Form may be signed by a MD, DO, PA, CRNP)

DATE FORM RECEIVED BY:
 SCHOOL NURSE _____ COPY TO PHYSICAL
 EDUCATION TEACHER: _____
 (date)