



Brownsville Independent School District
 Margaret M. Clark Aquatic Center
 2901 FM 802 Brownsville, Texas 78521
 956-698-0062 /Fax 504-6674



Physician's Form
"Adaptive Aquatics Swimming Program"

Physician's Name and Address:

Date: _____

Re: Student: _____

Birth Date: _____

School: _____

Teacher: _____

Dear Doctor/ MD.: _____

Please complete the following form and return to the classroom teacher. Your diagnosis will help us to determine the appropriateness of an aquatic program for the above named student.

Print Medical Diagnosis: _____

Print Diagnosis (Layman's Terms): _____

Does this student have a Seizure Disorder? Yes No

Is this student positive for AAI (Atlantoaxial Instability)? Yes No

Which part of the body, if any, is related to his/her diagnosis?

What specific exercises or movements do you as a Doctor, **NOT recommend** for the involved parts?

Should any special precautions be taken? _____

I RECOMMEND that this student participates in the Adaptive Aquatics program as indicated on this sheet.

I DO NOT RECOMMEND PARTICIPATION

 Doctor Signature (NO Physician Assistants)

 Date

Printed Name of Doctor

Thank you for your help. If there is any other information you need about the Adaptive Aquatics/Swimming Program, please call:

Adapted Aquatics Staff

956-698-2828

bdangel@bisd.us

956-698-1306

Gjaramillo@bisd.us

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