Oak Park & River Forest High School Physical Education
Medical Limitation Form

Student Name: ____________________________________ ID#: _____________ Grad Yr: ________

Parent/Guardian: __________________________________ Daytime Phone #: __________________

Counselor: ______________________ Current PE Teacher: ________________________ Pd: _____

To be completed by a Physician or Physical Therapist: The Illinois Board of Education requires a daily physical education course for all students in high school. Our classes can be modified for students to participate within their own medical and physical limitations. Please provide the following information so that a program can be tailored to meet the needs of the student.

Diagnosis Causing Limitation(s):

Duration of Limitation(s), if student is not to be in any activity:

Additional Comments:

Please check the activities in which the student CAN participate.

<table>
<thead>
<tr>
<th>Tennis</th>
<th>Basketball</th>
<th>Climbing</th>
<th>Assault Bike (FC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badminton</td>
<td>Volleyball</td>
<td>Archery</td>
<td>Spin Bike (FC)</td>
</tr>
<tr>
<td>Pickle Ball</td>
<td>Floor Hockey</td>
<td>Swimming/Kayaking</td>
<td>Treadmill (FC)</td>
</tr>
<tr>
<td>Golf</td>
<td>Flag Football</td>
<td>Self-Defense Training</td>
<td>Elliptical (FC)</td>
</tr>
<tr>
<td>Dance</td>
<td>Softball</td>
<td>Prescribed Physical Therapy (FC)</td>
<td>Rower (FC)</td>
</tr>
<tr>
<td>Yoga/Pilates</td>
<td>Walking</td>
<td>Strength Bands (FC)</td>
<td>TRX Straps (FC)</td>
</tr>
<tr>
<td>Stretching</td>
<td>Jogging</td>
<td>Free Weight Training (FC)</td>
<td>Bosu/Exercise Ball (FC)</td>
</tr>
<tr>
<td>Aerobics/Conditioning</td>
<td>Running</td>
<td>Ski Erg (FC)</td>
<td>Box Jump/ Jump Rope (FC)</td>
</tr>
</tbody>
</table>

_________________________________________  ____________________
Physician Name       Physician Phone Number

_________________________________________  ____________________
Physician Signature       Date

_________________________________________  ____________________
Parent/Guardian Signature      Date

When the above information is completed, bring this form to the Physical Education Office, room 2301, email at jelmiger@oprhs.org, or fax to 708-434-3927. If you have any questions please contact Julie Elmiger (Division Secretary) at 708-434-3550 or Brian Beyers (Division Head) at 708-434-3250.

OFFICE USE ONLY
Date Completed Form Returned to School: ________________ Received by: __________________________________

Student Assigned to: _______________________________________________________________________________

Assignment Given to Student: ________________________________________________________________________

_________________________________________________  ________________________
PE Division Head (or designee) Signature    Date