

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.

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

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@oprfs.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