

Visalia Unified School District
Medical Limitations for Physical Education

My patient _____, is permitted to do the following modified physical activities under the supervision of his/her Physical Education teacher:

- Light Stretching
 - _____ upper body only
 - _____ lower body only
 - _____ upper and lower body
- Low Impact Cardio (Aerobic) Activity\
 - _____ power walking
 - _____ light jogging on all-weather track surface
 - _____ treadmill
- Upper Body Light Resistance Training
 - _____ Therabands
 - _____ Low weight hand weights
 - _____ Low weight body bar
 - _____ Body weight resistance only
- Lower Body Light Resistance Training
 - _____ Therabands
 - _____ Low weight hand weights
 - _____ Low weight body bar
 - _____ Body weight resistance only
- Aquaerobics (if available)

Other _____

OR

My patient is prohibited from participating in any physical activity at school beginning _____ until _____.
(Date) (Date)

OR _____ until further notice
(Date)

Signature of Physician