

**COMMUNITY HIGH SCHOOL #94
HEALTH SERVICES**

**Health Office: (630) 876-6245 or 876-6246
Fax: (630) 876-6241**

ADAPTIVE PHYSICAL EDUCATION FORM

At times, a student may need a medical adaptation for participating in a physical activity. Community High School has a fitness room equipped with cardiovascular equipment, selected weight machines, and additional weight and non-weight bearing equipment. We wish to provide our students with the most appropriate physical education; consequently, we are asking you to determine what modifications should be made in this student's physical education program.

STUDENT'S NAME: _____ TODAY'S DATE: _____

DIAGNOSIS: _____ PE TEACHER: _____

CHECK THE APPROPRIATE ACTIVITY (IES):

May NOT return to Physical Education until _____(DATE)

May return to full participation in Physical Education class

May participate in Adaptive Physical Education

Please place an X next to the activities listed below which you feel would be most appropriate for your patient:

Walking
 Running
 Stair Master
 Treadmill

Jogging
 Stationary Bike
 Aerobic Steps
 Stretching

Ice and/or elevation (in the Health Office)

Other Activities

The above limitations should be observed until _____(DATE)

If "until further notice," date of next appointment: _____

Additional

Comments/Restrictions: _____

Physician's Signature: _____

Please print physician's name: _____

Date: _____ Phone: _____

Parent's Signature: _____

Student's Signature: _____