

Prescribed Medical Accommodations
Elizabethtown Area School District, Nursing Department

Student Name: _____

Diagnosis _____

In order to provide appropriate accommodations for this student and better serve his/her needs, we are requesting prescribed medical accommodations.

Please review the below information and *check* those that apply.

General and Classroom Accommodations:

- Use of elevator (except in the event of an evacuation, fire, or fire drill)
- Use of crutches, wheelchair, boot, or other assistive device (please list): _____
- Additional set of books
- Additional time between classes for safe transfer/ambulation/peer help
- Door-to-door peer assistance
- Elevate extremity
- Other: _____

Physical Education Accommodations: (also see back of form for additional information)

- Modified Physical Education/Sports, including:
 - Activity as tolerated, allowing student to set limits (self regulate)
 - No contact sports
 - Upper extremity activities only
 - Lower extremity activities only
 - No running, jumping, or climbing
 - No heavy lifting/No vigorous exercise: _____
- Full activity/no restrictions
- No Physical Education/Sports for (define time limit): _____
- Other: _____

Concussion Accommodations:

- Modified School Day: (i.e., half days/core classes only) _____
- Frequent breaks
- Isolated learning/tests
- Limit schoolwork
- Untimed test/one test per day
- Additional time between classes for safe transfer/ambulation/peer help
- Sunglasses or dim room
- Other: _____

Homebound Instruction Request:

(Explanation/timeframe) _____

MD/DO/PA/NP signature _____ **Date:** _____

MD/DO/PA/NP print _____ **Phone:** _____

Elizabethtown Area School District Physical Education "Can Do List"

Dear Medical Provider:

Student's Name: _____ is a student in the Elizabethtown Area School District. The Physical Education teachers at EASD are interested in the wellbeing of this student. In order to better serve this student we would appreciate the completion of this form to give us a better idea of the capabilities of the student at this time.

Thank you,

Nursing and Physical Education Department
Elizabethtown Area School District

****Please circle the activities in which this student may participate safely. ****

Weight Room/Cardiovascular Activities	Physical Education Activities
Abdominal exercises	Volleyball
Aerobics	Basketball
Upper body weight training	Dance
Body weight resistance exercises	Adventure/Team-building activities
Core training exercises (stability ball)	Ultimate frisbee
Elliptical trainer	Team handball
Fitness walking	Golf
Jogging	Floor hockey
Lower body weight training	Racket sports (tennis, badminton)
Rotator cuff exercises	Pickle-ball
Stationary bike	Soccer
Treadmill	Speedball
Rollerblading	Softball
Other:	Bowling
Other:	Recreational games (ping-pong, shuffleboard, etc.)
Other:	Other:
Other:	Other:

MD, DO, NP, PA: (print) _____

MD, DO, NP, PA: (signature) _____

Phone #: _____ Date: _____

Comments/Duration: _____
