

Oxnard Union High School District

ACHS (805) 389-6402	CIHS (805) 385-5236	DSHS (805) 484-6321	FHS (805) 278-2929	HHS (805) 385-5726	OHS (805) 278-1853	PHS (805) 278-5008	RCHS (805) 394-4752	RMHS (805) 385-5956
----------------------------------	----------------------------------	----------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	----------------------------------	----------------------------------

Physical Education Activity Modification Form

Student name: _____ DOB: _____ Date: _____

In order to provide an appropriate PE program for this student, please complete the following:

Medical/Health Condition: _____

- This student is completely restricted from all participation in Physical Education.**
- This student is partially restricted from participation in Physical Education. Restrictions are as follows:**

Exercise	Omit	Mild	Moderate	Unlimited	Comments
Walking					
Running: mile					
Running: sprints					
Stairs/bleachers					
Dumbbells: 2-12 lbs					
Bending					
Twisting					
Stretching					
Activity:					
Pickleball					
Basketball					
Dance					
Flag Football					
Ultimate Frisbee					
Kickball					
Volleyball					
State Physical Fitness Testing					

Other exercise/activity restrictions: (please list) _____

Duration of modification: from _____ to _____
(date) (date)

(physician signature)

(physician name- print)

Phone: _____

(address: stamp)

