

# PHYSICAL EDUCATION ACTIVITY RESTRICTION FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Provider: Please complete all 3 parts.

CMS Health Office Ph. (716) 407-9223

| <b>PART 1 – Place a check mark next to the RESTRICTED ACTIVITY:</b>  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
|--|----------------------------|--------------------------------------|------------------|---------------------------|-----------------|--------------|------------------|-------------------|--|-------------------------------|--|----------------|--------------------------------------|--|-----------------|----------------------|--------------------|---|------------------------|--------------------------------------|--------------------|------------------------|----------------|---------------------|------------------------|----------------------|-------------------|---------------------|--------------|-----------|
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| Full-Contact/Collison  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Restrict all / or only restrict:   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Floor Hockey   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Football (touch/flag)  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Group Games  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Lacrosse   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Soccer   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Team Handball  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| Limited Contact/Impact   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Restrict all / or only restrict:   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Basketball   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Kickball/Softball  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Project Adventure (tag games)  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Snowshoeing  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Ultimate Frisbee   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Volleyball   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| Strenuous, Non-Contact   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Restrict all / or only restrict:   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Aerobics/Dance   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Jumping activities   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Pickleball   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Running/Jogging  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Skill Work (Basic)   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Tennis/Badminton   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Track & Field  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Weight Training  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Mile Run   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Pacer  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
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| Non-Strenuous, Non-Contact   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
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| ___ Archery  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Balancing Activities   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Golf   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Kan Jam  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Orienteering   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Ping Pong  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Walking w/pedometer  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Weight Training (limited)  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| Pool   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
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| State of art facility / 8 lanes / handicapped accessible / water maintained at 79/80 degrees / ramp /railing and excellent area to do PT   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Diving   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Swimming laps  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Water aerobics   |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |
| ___ Water games  |                            |                                      |                  |                           |                 |              |                  |                   |  |                               |  |                |                                      |  |                 |                      |                    |   |                        |                                      |                    |                        |                |                     |                        |                      |                   |                     |              |           |

**PART 2 - If "Restrict All" is checked in any category above:**

Can the student perform a walking program? \_\_\_ Yes \_\_\_ No

Can the student perform rehab exercises? \_\_\_ Yes \_\_\_ No

The following exercises are permitted:

\_\_\_\_\_.

**PART 3 - Reason for the restriction:**

\_\_\_\_\_

\*Athletes may not compete in sports if they are unable to participate in PE.

**DURATION OF RESTRICTION:** FROM \_\_\_\_\_ TO \_\_\_\_\_  Until Further Evaluation.

**Next appointment date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Providers Telephone:** \_\_\_\_\_

**FAX THIS FORM TO: 716-407-9243**  
**ATTN: CMS Health Office**  
 Alternative Fax 407-9229