

PHYSICAL EDUCATION ACTIVITY RESTRICTION FORM

STUDENT'S NAME: _____ GRADE: _____

Provider: Please complete all 3 parts. *Athletes may not compete in sports if they are unable to participate in PE

PART 1 – Place a check mark next to the RESTRICTED ACTIVITY:		
Full-Contact/Collision	Limited Contact/Impact	Strenuous, Non-Contact
___ Restrict all / or only restrict: ___ Floor Hockey ___ Football (touch/flag) ___ Group Games ___ Lacrosse ___ Soccer ___ Team Handball	___ Restrict all / or only restrict: ___ Basketball ___ Kickball/Softball ___ Project Adventure (tag games) ___ Snowshoeing ___ Ultimate Frisbee ___ Volleyball	___ Restrict all / or only restrict: ___ Aerobics/Dance ___ Jumping activities ___ Pickleball ___ Running/Jogging ___ Skill Work (Basic) ___ Tennis/Badminton ___ Track & Field ___ Weight Training ___ Mile Run ___ Pacer
Non-Strenuous, Non-Contact	Pool	
___ Restrict all / or only restrict: ___ Archery ___ Balancing Activities ___ Golf ___ Kan Jam ___ Orienteering ___ Ping Pong ___ Walking w/pedometer ___ Weight Training (limited)	___ Restrict all / or only restrict: 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:

DURATION OF RESTRICTION: FROM _____ TO _____ Until Further Evaluation.

Next appointment date: _____

Provider Signature: _____ **Date:** _____

Provider Phone: _____

FAX THIS FORM TO: 716-407-9006
ATTN: CHS Health Office
 Alternative Fax 407-9061
Health Office phone: (716) 407-9029