

Grove City School District "Can Do List"



Dear Physician:

The patient you are treating is a student in the Grove City Area School District. We, as physical educators, are interested in the well-being of this student. In order to better serve this student we would appreciate you, the physician, taking time to fill out this form to give us a better idea of the capabilities of the student at this time. Thank you.

MS = Middle School

HS= High School

Department of Health and Physical Education
Grove City Area School District

Please check the areas in which this student may participate safely.

Student's Name: _____ Physician Signature: _____ Date _____

Fitness Center Equipment

- ☐ Elliptical Trainer
- ☐ Recumbent Bike
- ☐ Rower **(MS)**
- ☐ Stationary Bike
- ☐ Stepper
- ☐ Treadmill
- ☐ Stability Ball/Bosu **(MS)**

Team Sports

- ☐ Baseball/Whiffle Ball
- ☐ Basketball
- ☐ Cheerleading **(MS)**
- ☐ Flag/Touch Football
- ☐ Kickball
- ☐ Lacrosse **(HS)**
- ☐ Soccer
- ☐ Softball
- ☐ Hockey
- ☐ Ultimate Frisbee

Lifetime Activities

- ☐ Badminton
- ☐ Bocce/Bean Bag Game
- ☐ Bowling
- ☐ Cornhole Game
- ☐ Dance
- ☐ Golf
- ☐ Handball **(HS)**
- ☐ Juggling
- ☐ Poetry in Motion **(MS)**
- ☐ Rope Jumping
- ☐ Aerobics
- ☐ Floor Tennis/Pickle Ball
- ☐ Tennis
- ☐ Volleyball
- ☐ Walking
- ☐ Yoga

Are there any heart rate limitations? If so, what are the limitations? _____

Physician Comments: _____

Physician Phone #: _____