

**St. Francis High School
PHYSICAL ACTIVITY MODIFICATION FORM**

School Year : _____

TO: Medical Provider for _____ DOB _____

FROM: St. Francis High School Health Office

All pupils registered in the schools of New York State are required by the Education Law to attend courses of instruction in physical education. These courses are required to be adapted to meet individual pupil needs. This means that a pupil who is unable to participate in the entire program should have his/her activities modified to meet and/or improve his/her condition.

We have learned that there may be a need for restricting physical activity for the above named student. In order to better understand the student's needs in the school setting, please provide us with the following information.

1. Diagnosis _____
2. May this student participate in all Physical Education Class activities and in competitive sports, intramural and interscholastic?
 YES NO
3. If activity is limited, please check what he may do.

CONTACT/COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS NON-CONTACT	NON-STRENUOUS NON-CONTACT
<input type="checkbox"/> FIELD HOCKEY	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> AEROBICS	<input type="checkbox"/> ARCHERY
<input type="checkbox"/> FLOOR HOCKEY	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> BOWLING
<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> DIVING	<input type="checkbox"/> TRACK & FIELD	<input type="checkbox"/> GOLF
<input type="checkbox"/> ICE HOCKEY	<input type="checkbox"/> DODGE BALL	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> RIFLERY
<input type="checkbox"/> LACROSSE	<input type="checkbox"/> HANDBALL	<input type="checkbox"/> TENNIS	<input type="checkbox"/> BADMINTON
<input type="checkbox"/> SOCCER	<input type="checkbox"/> SKIING		<input type="checkbox"/> PADDLE TENNIS
<input type="checkbox"/> WRESTLING	<input type="checkbox"/> ROPE CLIMBING		<input type="checkbox"/> WALKING
	<input type="checkbox"/> WEIGHT ROOM		<input type="checkbox"/> Warm up/stretch
	<input type="checkbox"/> SOFTBALL		
	<input type="checkbox"/> FOOTBALL Touch/flag		
	<input type="checkbox"/> VOLLEYBALL		
	<input type="checkbox"/> BASKET-FOOTBALL		

4. Duration of restriction: Entire school year OR indicate time frame _____

5. Other comments: _____

 Health Care Provider PRINTED Name

 Date

 Health Care Provider Signature