



Request for Modification of Secondary Physical Education/Athletics

Student Name _____ DOB _____

Diagnosis _____ Date _____

Check the activities/restrictions applicable to this student's condition:
These same restrictions will apply to interscholastic sports participation and club activities.

- | | | |
|--|---|---|
| <input type="checkbox"/> No Activity Restrictions | <input type="checkbox"/> Permanent placement in Adaptive PE | <input type="checkbox"/> No physical activity |
| <input type="checkbox"/> Aerobic activity allowed | <input type="checkbox"/> Limited practice (clarify below) | <input type="checkbox"/> No varsity sports |
| <input type="checkbox"/> Running only is allowed | <input type="checkbox"/> Contact is allowed | <input type="checkbox"/> No contact sports |
| <input type="checkbox"/> Upper body only | <input type="checkbox"/> Ball sports allowed | <input type="checkbox"/> No ball sports |
| <input type="checkbox"/> Lower body only | <input type="checkbox"/> Swimming allowed | <input type="checkbox"/> No swimming |
| <input type="checkbox"/> Weight lifting allowed | <input type="checkbox"/> Weight Limit: _____ lbs | <input type="checkbox"/> No weight lifting |
| <input type="checkbox"/> Endurance limit (clarify below) | <input type="checkbox"/> AED required at site | <input type="checkbox"/> No racket sports |
| <input type="checkbox"/> Protective equipment/eyewear required (clarify below) | | <input type="checkbox"/> No wrestling |

SPECIAL INSTRUCTIONS:

The above clearance/modifications will remain in effect until:

Student may return to full participation without restrictions on this date: _____

OR

Until further notice until fully cleared by MD*. Date of next appointment: _____

Physician's name _____ Phone _____

*** Form not accepted if signed by Chiropractor, Physical Therapist, or Occupational Therapist**

Physician's signature: _____ Date _____

Parent: I give my permission for the physician's office to share any additional information necessary with the Fife School Health Office.

Parent signature _____ Date: _____