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Alexandria Public Schools Health Services
320-762-3300 ext. 4135

INDIVIDUALIZED PHYSICAL EDUCATION ACTIVITY FORM

Alexandria Public Schools encourages all students to participate in physical activity to promote health and wellness. Some students may not be able to participate in all activities, but we do encourage all students to participate in some physical education activities.

Please fill out this form and return it to the School Health Office.

Student's Name _____ School _____ Grade _____

Diagnosis (if applicable) _____

Does this student require full exclusion from ALL PE activities: ☐ NO ☐YES (please explain below)

Lifting/Weight Restrictions: _____

Activities (please cross out activities that student CANNOT participate in)

Add any additional restrictions/activities under comments below

CONTACT/COLLISION	LIMITED CONTACT/IMPACT	STRENUOUS NON-CONTACT	NON-STRENUOUS NON-CONTACT
Floor Hockey	Lifting weights (upper body)	Running (distance) _____	Walking (distance) _____
Soccer	Lifting weights (lower body)	Tennis	Bowling
Broomball	Baseball	*Swimming	Golf
Lacrosse	Dodge ball (soft nerf ball)	Roller Skating	Badminton
Football	Volleyball	Jumping/jumping rope	Table Tennis
	Basketball	Aerobic exercise	Warm-Up/Stretching
	Softball	Track and Field	Squats
	Football (Touch/Flag)	Push-Ups	Sit-Ups
	Climbing/Climbing rope	Ultimate Frisbee	Archery
	Gymnastics	Cross Country Skiing	Core/Lower back exercises

*** Please indicate any modifications needed for swimming, if applicable (i.e. shallow water only, only with floatation device, etc.). We may not be able to accommodate 1:1 care.**

When should student be re-evaluated and a new form needed: _____

Permanent Restrictions: ☐ Yes (please explain below)

Other Comments:

_____

_____

Physician's Signature: _____Date: _____

Clinic: _____ Phone Number: _____