

# Rush-Henrietta Central School District SECONDARY SCHOOLS

## REQUEST FOR MODIFICATION OF PHYSICAL EDUCATION/ATHLETIC PROGRAMS

New York State Education law mandates physical education programs as a graduation requirement. When a student is unable to fully participate in the school's regular program, modifications must be provided. There are no full exemptions from physical education by NYS regulation regardless of the nature or severity of a medical condition.

STUDENT NAME _____	GRADE _____	DOB _____	ACTIVITY _____	TODAY'S DATE _____
ADDRESS: _____				
DIAGNOSIS: _____				
TREATMENT: _____				
DURATION OF PHYSICAL EDUCATION RESTRICTION: _____				
RETURN TO FULL PHYSICAL EDUCATION ACTIVITY ON: _____				
DATE OF RETURN TO PHYSICIAN: _____				

### I. PHYSICAL EDUCATION/ATHLETIC PARTICIPATION (Please check only those in which student may participate)

**Regular Physical Education Class**--PLEASE CHECK ANY THAT APPLY--**Adaptive Physical Education Class**

(Large group instruction)

(Program can be designed to meet student's needs)

- ALL LISTED ACTIVITIES AS TOLERATED  
 ONLY THE CHECKED ACTIVITIES  
 NO PHYSICAL ACTIVITY (Academic program only)

- ALL LISTED ACTIVITIES AS TOLERATED  
 ONLY THE CHECKED ACTIVITIES

- |   |   |
|---|---|
| <input type="checkbox"/> aerobics             | <input type="checkbox"/> roller skating   |
| <input type="checkbox"/> apparatus            | <input type="checkbox"/> running          |
| <input type="checkbox"/> archery              | <input type="checkbox"/> soccer           |
| <input type="checkbox"/> badminton            | <input type="checkbox"/> softball         |
| <input type="checkbox"/> basketball           | <input type="checkbox"/> speedball        |
| <input type="checkbox"/> conditioning         | <input type="checkbox"/> spin/fly casting |
| <input type="checkbox"/> cross-country skiing | <input type="checkbox"/> square dance     |
| <input type="checkbox"/> flag football        | <input type="checkbox"/> swimming         |
| <input type="checkbox"/> floor hockey         | <input type="checkbox"/> team handball    |
| <input type="checkbox"/> golf                 | <input type="checkbox"/> tennis           |
| <input type="checkbox"/> lacrosse             | <input type="checkbox"/> track and field  |
| <input type="checkbox"/> orienteering         | <input type="checkbox"/> tumbling         |
| <input type="checkbox"/> racquetball          | <input type="checkbox"/> volleyball       |

- |   |  |
|---|--|
| <input type="checkbox"/> archery                                    | <input type="checkbox"/> table tennis            |
| <input type="checkbox"/> badminton                                  | <input type="checkbox"/> upper body conditioning |
| <input type="checkbox"/> basket shooting                            | <input type="checkbox"/> walking                 |
| <input type="checkbox"/> board games                                |  |
| <input type="checkbox"/> bowling                                    |  |
| <input type="checkbox"/> conditioning                               |  |
| <input type="checkbox"/> deck/lawn games (shuffleboard, boccie ...) |  |
| <input type="checkbox"/> fitness walking                            |  |
| <input type="checkbox"/> golf                                       |  |
| <input type="checkbox"/> low impact aerobics                        |  |
| <input type="checkbox"/> low organization games                     |  |

**SPECIAL COMMENTS/INSTRUCTIONS:** \_\_\_\_\_

Please call the School Nurse/Teacher at the number below to arrange for alternative fulfillment of the mandate and/or to discuss a rehabilitative/re-entry program.

### II. THIS SECTION MUST BE COMPLETED IF THERE IS LOSS OF FUNCTION IN A PAIRED ORGAN

(Best corrected vision of less than 20/40 (i.e., 20/50 or worse) in one eye, single testicle, or single kidney)

Explanation of loss \_\_\_\_\_

Recommendations for protective equipment \_\_\_\_\_

Physician's Name \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**PLEASE RETURN THIS FORM BY MAIL TO THE ATTENTION OF THE SCHOOL NURSE TEACHER**