



Adlai E. Stevenson High School - Injured Student Accommodation Form



Student Name: _____ Student ID: _____ Date of Birth: _____

Diagnosis: _____ Date of Evaluation: _____

1. Extent of Restriction		2. If a box is checked in column 1- MUST specify days, weeks, or months for the length of restriction in column 2
☐ No activity at all		
Avoid these movements: ☐ Running ☐ Jumping ☐ Bending	☐ Twisting ☐ Lifting ☐ Other:	
Modified activity: ☐ Light stretching ☐ Non-weight bearing activity ☐ Upper-body only exercises	☐ Lower-body only exercises ☐ Other:	
☐ Elevator use or extended passing time (circle) ☐ Preferential seating (close to door) ☐ Stay home after surgery or Return for partial days: ☐ Able to lift no more than: ☐ Immobilizers/mobility aids:		
Dominant hand injury necessitating: ☐ Extra time on tests/assignments ☐ Use of iPad for writing ☐ Able to obtain class notes ☐ Extra set of books or locker assignment		

☐ Acetaminophen/Tylenol Dosage: _____ Frequency _____

☐ Ibuprofen/Advil/Motrin Dosage: _____ Frequency _____

Re-Evaluation Date (required) - Date of next appointment to update medical restrictions/accommodations or confirm clearance for full participation: _____ (cannot exceed 1 semester)

Provider name: _____ Signature: _____ Date: _____

Provider address: _____ Provider phone: _____

Parent signature: _____ Date: _____
(required)