



Central Dauphin School District
Student Health Services

Secondary Adaptive PE Request

Dear Physician,

Pupils registered in the Central Dauphin School District are required to attend courses of instruction in physical education. Our goal is to have students remain as active as possible when recovering from an injury or illness. Please provide us with the information requested below so that we may plan appropriate physical activities for the student listed.

Thank you for your assistance.

Student Name _____ Grade _____

Please **check or circle** all activities that you consider to be appropriate for this student.

Team Sports	Lifetime/Individual	Fitness Activities
<input type="checkbox"/> Badminton	<input type="checkbox"/> Archery	<input type="checkbox"/> Cardio Machines
<input type="checkbox"/> Basketball	<input type="checkbox"/> Disc Golf	<input type="checkbox"/> Stair Master
<input type="checkbox"/> Dodge ball	<input type="checkbox"/> Golf	<input type="checkbox"/> Treadmill
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Square Dance	<input type="checkbox"/> Stationary Bike
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Arc Trainer
<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Tennis	<input type="checkbox"/> Elliptical
<input type="checkbox"/> Kickball	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Weight Machines
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Shot Put	<input type="checkbox"/> Upper Body
<input type="checkbox"/> Pickle Ball	<input type="checkbox"/> Relay Race	<input type="checkbox"/> Lower Body
<input type="checkbox"/> Softball	<input type="checkbox"/> Discus	<input type="checkbox"/> Moderate walking on track
<input type="checkbox"/> Soccer	<input type="checkbox"/> Long Jump	<input type="checkbox"/> Run/Mile
<input type="checkbox"/> Team Handball	<input type="checkbox"/> Bowling	<input type="checkbox"/> Yoga
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Line Dancing	<input type="checkbox"/> Fitness Circuit/DVD
<input type="checkbox"/> Speed ball	<input type="checkbox"/> Outdoor Recreation Games (bocce, horseshoes etc.)	<input type="checkbox"/> Dance, Dance, Revolution

May not participate on any level.

These modifications are in effect from _____ to _____.
(Until further notice is not acceptable)

Date _____ Physicians Signature _____