

YORK COMMUNITY HIGH SCHOOL

PE MEDICAL LIMITATION FORM

HEALTH SERVICES

Chris Holmes
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(630) 617-2435 or X2438

PE DEPARTMENT CHAIR

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York High School has various facilities, equipment and course offerings that provide students who have various injuries, illnesses, or health conditions an opportunity to participate when they are unable to participate in regular PE class activity or need activity modified to meet the needs of that individual student.

Student Name: _____ ID#: _____ Grade: _____

Physician Name: _____ Physician Phone Number: _____

TO BE COMPLETED BY PHYSICIAN (MD, DO, PA, DPM, DDS, FNP, DC)

Nature of Illness/Injury: _____

Please read through the list below and note those items you feel suitable for the above student.

Activity	May Participate	May NOT participate	Comments/Limits
Free Weights – upper body			
Free Weights – lower body			
Core Strength			
Flexibility Strength			
Stationary Bicycle			
Elliptical machine			
Treadmill			
Stairmaster			
Walking			
Jogging			
Swimming (water exercises/walking/water jogging)			
Flag Football			
Soccer			
Badminton			
Volleyball			
Basketball			
Yoga			
Dance			
Aerobics			
Self-Defense			
Ultimate Frisbee			
Softball			
Other Team/Individual Sports (List)			
Rehabilitation Exercises (Please Provide)			

Student is to refrain from all PE/Athletics Activity

Elevator Pass Required

Specific Duration of Modification: _____

Additional Comments/Instructions: _____

Physician Signature: _____ Date: _____

Please return to York Health Services (Fax: 630-782-6594)

FOR OFFICE USE ONLY: Received By: _____ Date Received: _____