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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*If till further notice is specified student will need a NEW note in 2 weeks\*\***

Additional Comments/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FOR OFFICE USE ONLY: Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_