

**\*\*This form needs to be completed by your son/daughter's doctor. Once completed, please return this form to the HS Nurse's Office ASAP.**

## **Guilderland High School Physical Education Program Modification Physician's Recommendation**

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

Physical Education is a New York State education requirement. We are encouraging students who cannot participate fully in Physical Education to participate in as active a manner as their injury will allow. We have established an adaptive Physical Education program to meet these student's needs. In order for this program to work effectively, we need you to recommend what activities the student can and cannot participate in during class.

**Please check where participation is recommended:**

\_\_\_\_\_ UPPER BODY MOVEMENTS

\_\_\_\_\_ LOWER BODY MOVEMENTS

\_\_\_\_\_ ABDOMINAL MOVEMENTS

**May the student participate in a non-active role?**

(i.e., official, coach, scorekeeper)

YES or NO (Please Circle)

**Contraindicated movements:**

\_\_\_\_\_

\_\_\_\_\_

**Restriction Ending Date:** \_\_\_\_\_

**Physician's Comment:**

\_\_\_\_\_ Permission to use student's own crutches in school

\_\_\_\_\_ Permission to use student's own wheelchair in school

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Guilderland High School Nurse's Office 861-8591, Ext. 3030 or 3031  
Nurse's Confidential Fax 861-5151*

**NOTE: Adaptive PE is during Advisory period at 9:45 am in the Weight Room.**  
*Revised June '10*