

CONRAD WEISER AREA SCHOOL DISTRICT

44 Big Spring Road
Robesonia, PA 19551
Maryann Ligenza, RN
School Health Room
Phone (610) 693-8524
Fax (610) 693-8511

**MEDICAL NOTE FOR PHYSICAL EDUCATION
Limitation/Adaptations**

Student's Name _____ Grade _____

Physical Education Teacher's Name _____ Block _____ Days _____

In order to satisfy a student's academic requirements, the student must participate and pass physical education. The physical education staff will adapt our instructions to accommodate the student's illness or injury based on a physician's instructions. Please fill out this form completely and return as soon as possible. The completed form may be returned to the school with the student or faxed or mailed to the attention of Mrs. Ligenza. Please contact Mrs. Ligenza at the above number with any questions.

ACTIVITIES: Circle those activities considered **appropriate** for this student:

Abdominal Exercises	Flexibility	Push Ups	Step Aerobics
Aerobics (low impact)	Football (flag)	Running	Table Tennis
Archery	Golf	Running Games	Tennis
Back Extensions	Hiking	Shuffleboard	Volleyball
Badminton	Horseshoes	Slide (lateral)	Walking
Basketball	Jogging	Softball	Weight Training
Bowling	Jump Rope	Stationary Bike:	Upper Body/Lower Body
Cardio Equipment	Pilates	Arms only/Legs only	Yoga
Dance			Other _____

Nature of disability and reason from restriction: _____

Duration of excuse: _____

Next scheduled appointment or follow-up: _____

Printed name of physician

Physician signature

Phone number

Date