

## CONRAD WEISER AREA SCHOOL DISTRICT

### Conrad Weiser High School

44 Big Spring Road  
Robesonia, PA 19551  
Maryann Ligenza, RN, CSN  
Phone (610) 693-8524  
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### Conrad Weiser Middle School

347 E. Penn Ave.  
Robesonia, PA 19551  
Louise Snyder Ocepek, RN, CSN  
Phone (610) 693-8560  
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## MODIFIED PHYSICAL EDUCATION FORM

To be completed by the student's treating physician

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 the school nurse. Contact information is listed above. Please call 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	Stationery Bike:	Upper Body/Lower Body
Cardio Equipment	Pilates	Arms only/Legs only	Yoga
Dance			Other: _____

Nature of disability and reason for restriction:

\_\_\_\_\_

Duration of excuse: \_\_\_\_\_

Next scheduled appointment or follow-up \_\_\_\_\_

\_\_\_\_\_  
Printed name of physician

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date