

SCARSDALE MIDDLE SCHOOL
HEALTH OFFICE
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Physician's Checklist for P.E. Modifications

To the Physician: According to NY State Education Regulation 135.4, "All pupils shall attend and participate in the PE program...Individual medical certificates of limitations must indicate the area of the program in which the pupil **MAY Participate.**" To better serve your patient, please complete and return the checklist below.

Patient's Name _____ Grade _____

Diagnosis _____

Please check all activities in which the student MAY participate:

Weight-lifting:

_____ Upper Body _____ lbs. (maximum weight)

_____ Lower Body _____ lbs. (maximum weight)

_____ Left side only _____ Right side only _____ Bilateral

Stretching Exercises:

_____ Upper Body

_____ Lower Body

_____ Left side only _____ Right side only _____ Bilateral

Other Options:

_____ Walking _____ miles (maximum distance –if applicable)

_____ Stationary Bike _____ miles (maximum distance –if applicable)

_____ Step Machine

_____ Aerobic Fitness Machines (be specific) _____

_____ P.T. Exercises (describe or attach) _____

_____ Other (describe) _____

(Office stamp)

Physician's Signature: _____

Print Name: _____

Date: _____