

Physicians' Checklist for PE 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 the checklist below ASAP. Please return promptly to the school Nurse (fax: 721-2443) for appropriate P.E. credit to be received.

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: _____