

## Binghamton City School District

To Health Care Provider:  
From:

Date:

Regarding:

Please fill out this form and return it at your earliest convenience to the student's school nurse.

All students registered in the schools of New York State are required by the Education Law to attend courses of instruction in physical education. This means that students who are unable to participate in the entire program should have their activities modified to meet their needs.

Please indicate either in general or specifically the type of physical education which you would recommend for this student.

<b>Strenuous</b>		<b>Moderate</b>		<b>Mild</b>	
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Table Tennis	<input type="checkbox"/>	Badminton Drills
<input type="checkbox"/>	Lacrosse	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Corrective Exercise
<input type="checkbox"/>	Tumbling	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Throw and Catch
<input type="checkbox"/>	Apparatus	<input type="checkbox"/>	Corrective Exercises	<input type="checkbox"/>	Throwing at Target
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Softball Drills	<input type="checkbox"/>	Table Games (Chess)
<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	Football Drills	<input type="checkbox"/>	Golf Drills
<input type="checkbox"/>	Tennis (game)	<input type="checkbox"/>	Relay Races	<input type="checkbox"/>	Putting
<input type="checkbox"/>	Badminton (game)	<input type="checkbox"/>	Golf (Game)	<input type="checkbox"/>	Archery
<input type="checkbox"/>	Conditioning (exercises and running)	<input type="checkbox"/>	Tennis Drills	<input type="checkbox"/>	Shuffleboard
<input type="checkbox"/>	Weights (weightlifting)	<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Softball (game)	<input type="checkbox"/>	Rhythmic Exercises	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	
<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	Indian Club Drills	<input type="checkbox"/>	
<input type="checkbox"/>	Track and Field	<input type="checkbox"/>	Bowling	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Hockey	<input type="checkbox"/>	Frisbee	<input type="checkbox"/>	
<input type="checkbox"/>	Jump Rope Activities	<input type="checkbox"/>	Conditioning - Jogging	<input type="checkbox"/>	
<input type="checkbox"/>	Folk and Square Dance	<input type="checkbox"/>		<input type="checkbox"/>	<b>NO PHYSICAL ACTIVITY</b>
<input type="checkbox"/>	Paddleball	<input type="checkbox"/>		<input type="checkbox"/>	<b>(Knowledge aspects only)</b>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

NOTE: If strenuous exercise is recommended, it is taken for granted that the mild and moderate are permissible unless exceptions are specifically stated. Should you feel that generally the student should take only mild activity, but find that you feel one or two of the moderate activities such as bowling or golf should be included, simply check them.

**This is to certify that I have examined \_\_\_\_\_ and recommend that he/she should participate only in the activities that are checked for a period the following time frame: \_\_\_\_\_**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider

Date

Note: This report will be attached to the child's school health record and the duplicate will go to the physical education office.