

To Dr.....Family Physician. Date.....

Regarding the physical education activities of your patient.....

we shall appreciate your cooperation in filling out this blank and returning it at your earliest convenience to the School Nurse Teacher at.....school. address.....

All pupils 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 pupils who are unable to participate in the entire program should have their activities modified to meet their needs.

Please check (X) either generally or individually the type of physical education which you would recommend for this student.

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| <u>STRENUOUS ()</u>
<input type="checkbox"/> Basketball
<input type="checkbox"/> Cageball
<input type="checkbox"/> Tumbling
<input type="checkbox"/> Apparatus
<input type="checkbox"/> Soccer
<input type="checkbox"/> Field Hockey
<input type="checkbox"/> Tennis-Game
<input type="checkbox"/> Badminton-Game
<input type="checkbox"/> Conditioning Exercises & Running
<input type="checkbox"/> Weights (weightlifting)
<input type="checkbox"/> Softball-Game
<input type="checkbox"/> Swimming
<input type="checkbox"/> Wrestling
<input type="checkbox"/> Track & Field
<input type="checkbox"/> Floor Hockey
<input type="checkbox"/> Jump Rope Activities
<input type="checkbox"/> Folk & Square Dance
<input type="checkbox"/> Paddleball
<input type="checkbox"/> Lacrosse | <u>MODERATE ()</u>
<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Folk & Square Dance
<input type="checkbox"/> Corrective Exercises
<input type="checkbox"/> Softball Drills
<input type="checkbox"/> Football Drills
<input type="checkbox"/> Relay Races
<input type="checkbox"/> Golf-Game
<input type="checkbox"/> Tennis Drills
<input type="checkbox"/> Badminton
<input type="checkbox"/> Rhythmic Exercises
<input type="checkbox"/> Swimming
<input type="checkbox"/> Indian Club Drills
<input type="checkbox"/> Bowling
<input type="checkbox"/> Frisbee
<input type="checkbox"/> Conditioning-Jogging | <u>MILD ()</u>
<input type="checkbox"/> Badminton Drills
<input type="checkbox"/> Corrective Exercise
<input type="checkbox"/> Throw & Catch
<input type="checkbox"/> Throwing at Target
<input type="checkbox"/> Table Games (Chess)
<input type="checkbox"/> Golf Drills
<input type="checkbox"/> Putting
<input type="checkbox"/> Archery
<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Swimming

<u>NO PHYSICAL ACTIVITY ()</u>
Knowledge Aspects Only |
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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 of.....weeks.

REMARKS.....

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..... Family Physician Date.....

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