

## Central Dauphin School District

Dear Physician,

Pupils registered in the Central Dauphin School District are required to attend courses of instruction in physical education. Our goal is to have students remain as active as possible when recovering from an injury or illness. Will you please provide us with the information requested below so that we may plan appropriate physical activities for the student listed.

Thank you for your assistance.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Please **check or circle** all activities that you consider to be appropriate for this student.

<b>Team Sports</b>	<b>Lifetime/Individual</b>	<b>Fitness Activities</b>
Badminton	Archery	Cardio Machines
Basketball	Disc Golf	Stair Master
Dodge ball	Golf	Treadmill
Field Hockey	Square Dance	Stationary Bike
Flag Football	Table Tennis	Arc Trainer
Floor Hockey	Tennis	Elliptical
Kickball	Track & Field	Weight Machines
Lacrosse	Shot Put	Upper Body
Pickle Ball	Relay Race	Lower Body
Softball	Discus	Moderate walking on track
Soccer	Long Jump	Run/Mile
Team Handball	Bowling	Yoga
Volleyball	Line Dancing	Fitness Circuit/DVD
Speed ball	Outdoor Recreation Games -bocce, horseshoes etc.	Dance, Dance, Revolution

May not participate on any level.

These modifications are in effect from \_\_\_\_\_ to \_\_\_\_\_.  
(Until further notice is not acceptable)

Date: \_\_\_\_\_ Physicians Signature \_\_\_\_\_