

**KEYSTONE JUNIOR/SENIOR HIGH
SCHOOL
700 BEATTY AVENUE
KNOX, PA 16232
814 797-1261**



Student's Name: _____ Appointment Date: _____

Diagnosis: _____

Medical Form: Adaptive Physical Education

The above named patient should participate only in the following checked physical activities for a period of _____ weeks, months, or semesters.

Physician's Signature _____
Phone Number _____

- No Physical Activity – a research paper will be assigned to students who are restricted to no physical activity for more than four (4) weeks.

<u>Quiet:</u>	<u>Moderate:</u>	<u>Active:</u>	<u>Strenuous:</u>
<input type="checkbox"/> Walking	<input type="checkbox"/> Table tennis	<input type="checkbox"/> Badminton	<input type="checkbox"/> Flag football
<input type="checkbox"/> Stretching Exercises	<input type="checkbox"/> Shooting baskets	<input type="checkbox"/> Jumping rope	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Low speed treadmill	<input type="checkbox"/> Playing catch	<input type="checkbox"/> Jogging	<input type="checkbox"/> Soccer
	<input type="checkbox"/> Golf	<input type="checkbox"/> Low impact aerobics	<input type="checkbox"/> High impact aerobics
	<input type="checkbox"/> Dance	<input type="checkbox"/> Exercise bike	<input type="checkbox"/> Basketball
	<input type="checkbox"/> Bowling	<input type="checkbox"/> Cross country skiing	<input type="checkbox"/> Volleyball
	<input type="checkbox"/> Medium speed treadmill	<input type="checkbox"/> Roller Skating	<input type="checkbox"/> Floor hockey
	<input type="checkbox"/> Shuffleboard	<input type="checkbox"/> Softball	<input type="checkbox"/> Speed ball
	<input type="checkbox"/> Wiffleball	<input type="checkbox"/> Track & field	<input type="checkbox"/> Dodge ball
		<input type="checkbox"/> Weight lifting	
		<input type="checkbox"/> Stair climber	
		<input type="checkbox"/> Pickle ball	

- ❖ If the student is involved in a rehabilitation program, please attach any exercise or activities that the student can do during physical education class.
- ❖ I give permission for the release of information to the school nurse.

Parent/Guardian Signature _____ Date _____

PLEASE FAX THIS FORM TO THE SCHOOL NURSE AT 814 797-2868.