PHYSICAL EDUCATION MEDICAL RECOMMENDATION FORM

TO DR. _____ DATE: _____

All students registered in the schools of New York State are required by New York State Education Law and Commissioner's Regulations to attend courses of instruction in physical education. These courses must be adapted to meet individual student needs if the student has medical limitations. This means that a student who is unable to participate fully in their physical education program must have activities modified to meet his/her individual needs.

Your patient, _____, is registered in this school district and has indicated an inability to participate fully in the physical education program. To assist us in designing a program adapted to meet his/her individual needs, would you kindly complete this form and return it to his/her school. Thank you for your cooperation!

Indicate with an **M** where a modification is recommended. Indicate with an **N** where no participation is recommended:

___ Throwing	___ Bending	___ Pushing
___ Catching	___ Twisting	___ Pulling
___ Kicking	___ Hitting	___ Body contact
___ Running	___ Walking	___ Water activities
___ Lifting	___ Jumping	___ Out of doors activities
___ Tumbling	___ Stretching	___ Other (Specify)

Modifications recommended: _____

This is to certify that I have examined the above patient and recommend that his/her physical education program be modified according to the above until _____
(Date)

Are there any exercises or activities you feel would be beneficial to the student in the recovery process?

Yes ____ No _____ If so,what? _____

_____

Additional Physician's Remarks (on back)

_____ _____
(Physician's Signature) (Date)

NOTE: This report will be attached to the student's health record with duplicates sent to the parent/guardian, physical education teachers, and director of physical education and Committee on Special Education when appropriate.