



Elevator/ PE Accommodations Form

Please return via email or in paper copy to the nurse- kmcmamus@hobokencs.net

Student Name: _____

Date seen: _____

Diagnosis: _____

Physical Limitations: _____

Physical Activities Allowed (Student MAY participate)

- Walking Light Strength Training Volleyball
- Soccer Aerobics/ Cardio Ping-Pong
- Basketball Track and Field Non contact Group games

No activities allowed, written assignments only

Can student walk to and from PE when off site?

- Yes Yes if 0-5 blocks No, this student will need an alternate PE

Can student go on field trips that involve walking?

- Yes Yes if 0-5 blocks No

Please note dates if elevator access is required or for PE excusal:

from _____ to _____

Parent signature denotes full consent to communicate regarding the student above.

Parent Signature _____ Date _____

Physician Signature _____ Date: _____

Physician Contact Info: _____