LISLE DISTRICT 202

LISLE HIGH SCHOOL

Physical Education Student Modification Sheet

This Modified Physical Education sheet is for students who are unable to participate in regular Physical Education classes for medical reasons. Based on the information provided on this form by the student's medical professional, the curriculum will be modified and/or adapted so that each student can participate and benefit from daily exercise and activity at an individual level. If a student cannot participate in a modified PE curriculum and is out for more than 20 school days due to a medical reason they will receive a PE Medical Exemption for the semester. Please return this form to the school nurse.

STUDENT NAME: _____**GRADE**:_____**DATE:** _____

MEDICAL DIAGNOSIS:_____

Acceptable Heart Rate Range _____BPM to _____BPM

Please circle one for each item:

General		
Can the student run?	Yes	No
Can the student walk?	Yes	No
Can the student use a treadmill?	Yes	No
Can the student use the rowing machine?	Yes	No
Can the student use the elliptical machine?	Yes	No
Can the student use a stationary bike?	Yes	No
Can the student perform upper body weight exercises?	Yes	No
Can the student perform resistance band exercises?	Yes	No
Can the student perform flexibility training (stretching)?	Yes	No
Can the student perform Physical Therapy prescribed exercises?	Yes	No
Can the student perform individual sports (no physical contact)?	Yes	No
Can the student perform team or group activities?	Yes	No

Any additional comments or limitations regarding the student's abilities or activities not mentioned that impact participation?

_____

_____

_____

These activities will be limited until (Date):_____

Physician's Signature: _____ Phone:_____