

Nanuet School District Health Office

Physician's Checklist for Physical Education Modifications

To the Physician: According to N.Y. State Education Law, Chapter 11, Regulations of the Commissioner, subchapter G, Part 135.4, "All pupils shall attend and participate in the physical education program...Individual medical certificates of limitations must indicate the area of the program in which the pupil may participate." Please complete the checklist below. The student will not receive credit for physical education beyond a two week grace period.

Please Check all the apply:

Activities are modified for students who have one or more of the following conditions:

Post Operative Cardiac Allergies

Convalescent

Other, Please describe: _____

The following is a list of activities included in the physical education program. Please check each activity that your patient is able to perform:

Soccer Field Hockey Speedball Team Handball

Tennis Badminton Volleyball Chin Ups

Table Tennis Golf Flag Football Shuttle Run

Eclipse Ball Stretching Walking Jogging

Stationary Bike Arc Trainer Step Machine Pickleball

Weight Lifting Treadmill Wiffle Ball Sit Ups

OTHER

Comments: _____

This is to certify that I have examined _____

and recommend that he/she may participate in the activities that are checked for a period of _____ weeks or until fully cleared to participate in regular physical education class.

Signed _____ Date: _____