

STUDENT ID#	SCHOOL
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Confidential Information

GUIDELINES FOR ATTENDANCE AND PHYSICAL ACTIVITY IN SCHOOL

HEALTH CARE PROVIDER: PLEASE COMPLETE & FAX TO HEALTH SERVICES @ (503) 316-3500

Student Name: _____ School: _____

Date of Birth: _____ Diagnosis: _____

Weight bearing recommendations: _____

Duration of recommendations: ____ Weeks ____ Months ____ Permanent ____ Unknown

Yes No **May participate in the entire physical education program without restriction including all varsity competitive sports.**

NOT released to school until: _____

Released to attend school with the following instructions/limitations:

Yes No May participate in the entire physical education program except for varsity competitive sports where there is strenuous training and prolonged physical exertion, (i.e., football, hockey, wrestling, lacrosse, soccer, basketball, track). Less strenuous sports such as baseball and golf are acceptable at the varsity level. All activities are acceptable during the regular physical education program.

Yes No May participate in the physical education program except for restriction from all varsity sports and from excessively stressful activities such as rope climbing, weight lifting, sustained running (i.e., laps) and fitness testing. Must be allowed to rest when tired.

Yes No May participate only in mild physical education activities such as circle games, golf, and badminton.

Yes No May participate in modified PE program. Describe: _____

Yes No May participate in PE Swimming program.

Yes No May climb on play structures and swing at recess.

HIGH SCHOOL STUDENTS ONLY

This student should be waived from physical education due to _____ medical condition through the duration of High School.

Additional remarks, specific activity restrictions, or guidelines for staff:

Healthcare Provider's Signature: _____ Date: _____

Printed Name: _____ Clinic: _____ Phone: _____

Please FAX to Health Services (503) 316-3500