

# PHYSICAL EDUCATION MEDICAL RESTRICTION FORM

EVERGREEN PARK COMMUNITY HIGH SCHOOL  
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STUDENT: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_ Due to my patient's condition, I have prescribed complete rest and inactivity during physical education class until the date of \_\_\_\_\_.

\_\_\_\_\_ My patient's condition prohibits him/her from fully participating in all P.E. activities. I approve only the following activities marked with an (X) below until the date of \_\_\_\_\_.

\_\_\_\_\_ My patient has been medically cleared to return to all P.E./IHSA sports activities without restrictions.

## (X)= MAY FULLY PARTICIPATE

- |                                |   |                                   |
|--------------------------------|---|-----------------------------------|
| _____ Badminton                | <u><i>Fitness Testing Unit</i></u>                  | <u><i>Fit For Life Class</i></u>  |
| _____ Frisbee /running games   | _____ PACER (running)                               | _____ Pilates                     |
| _____ Flag Football            | _____ Shuttle run                                   | _____ Yoga                        |
| _____ Basketball               | _____ Sit & reach                                   | _____ Aerobics                    |
| _____ Running (fast pace)      | _____ Long & vertical jump                          | _____ Water Aerobics              |
| _____ Jogging (moderate pace)  | _____ Pull-ups & flexed arm hang                    | _____ Kickboxing (non-contact)    |
| _____ Walking (brisk pace)     | _____ Curl-ups                                      |                                   |
| _____ Walking (regular pace)   | <u><i>Swimming Unit</i></u>                         | <u><i>PE Leadership Class</i></u> |
| _____ Dodgeball                | _____ Swimming laps                                 | _____ Officiating Games           |
| _____ Pickle ball              | _____ Walking in the pool                           | (involves jogging)                |
| _____ Lacrosse                 | _____ Water Polo/Games in the pool                  |                                   |
| _____ Floor Hockey             | <u><i>Heart Rate Monitoring (2-3x per week)</i></u> |                                   |
| _____ Track & Field Events     | _____ Running                                       |                                   |
| _____ Soccer/soccer type games | _____ Circuit training                              |                                   |
| _____ Softball                 | _____ Medicine balls (4-14lbs)                      |                                   |
| _____ Volleyball               | _____ Jumping rope                                  |                                   |
| _____ Weight Lifting           | _____ Resistance bands                              |                                   |
| (upper body)                   | _____ Bosu balls (side step/balance)                |                                   |
| _____ Weight Lifting           | _____ Agility activities                            |                                   |
| (lower body)                   |   |                                   |

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

*\*I agree to the above information and allow this information will be shared with my child's Physical Education Teacher.*

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_