

**WARWICK SCHOOL DISTRICT  
PHYSICIAN'S RECOMMENDATIONS FOR PHYSICAL EDUCATION ACTIVITIES**

To the Physician of: \_\_\_\_\_:  
(Name of Student)

Pupils enrolled in Pennsylvania are required by school law to attend courses of instruction in physical education. These courses are to be adapted to meet the needs of the individual student. A student who is unable to participate in the whole program due to a specific physiological condition should have the program modified to meet and/ or improve his or her condition.

In regard to the physical education activities of the above named student, please complete the following items and return the form to the School Nurse at the address indicated below. **If recommendations are not received from the physician, it will be assumed that the student is physically capable of participating in all physical education activities without restrictions or limitations.** Your prompt attention to this matter is most appreciated.

Sincerely,

Carli Youndt, School Nurse  
Warwick High School  
301 W. Orange St  
Lititz, PA 17543

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**Medical Condition of Student Necessitating Activity Modifications:** \_\_\_\_\_

**Activity Participation:** Please check the activities in which the student can participate.

- ( ) Basketball
- ( ) Bombardment/ Dodge Ball
- ( ) Dance (line dancing)
- ( ) Fitness with medicine balls, balance discs, stability balls, jump ropes, and arm bands
- ( ) Fitness Center Work-Out (treadmill, stationary bike, elliptical, weight resistance machine)
- ( ) Floor Hockey (with puck or ball)
- ( ) Football
- ( ) Frisbee golf
- ( ) Kickball
- ( ) Lacrosse
- ( ) Running
- ( ) Soccer
- ( ) Softball
- ( ) Tag
- ( ) Tennis
- ( ) Track and Field
- ( ) Ultimate Frisbee (a contact sport)
- ( ) Volleyball
- ( ) Walking

**Time Period:** The student's activity level should be restricted to participation in the above checked activities for a period of: \_\_\_\_\_ # weeks      \_\_\_\_\_ # months      ( ) entire current school year

**Physician's Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_